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ABSTRACT

Reported is an evaluation of an innovative program funded by the Federal Government to simultaneously provide: (1) grandparents for dependent, neglected and emotionally disturbed children institutionalized in hospitals, various child welfare agencies, and institutions for the retarded, and (2) employment for the aged. In overall impact, the program demonstrated its viability as an effective instrument in reducing poverty among the poor by raising them above poverty income level, providing a new and needed role for the aged, and gaining acceptance as a feasible part of the total programs of the varied types of institutions. The principal recommendation is that of the need to expand the program on a large scale to provide employment for older people. Other findings comprehensively cover: organizational structure; orientation of local projects; functions of local agencies; recruitment, screening, selection, training, and supervision of foster grandparents; referral of applicants; cost and time factors; pay scales; personnel policies; community relationships; new roles for the aged; and the need for long term evaluation studies. (RJ)

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AN EVALUATION
OF THE
FOSTER GRANDPARENT PROGRAM

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October 1966

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October 24, 1966

Mr. William C. Lawrence, Chief
Program Evaluation Division
Community Action Program
Office of Economic Opportunity
1200 19th Street, N.W. (Room 529)
Washington, D.C.

Dear Mr. Lawrence:

We are pleased to submit the final report of the Evaluation of the Foster Grandparent Program which we conducted from April 1966 to October 31, 1966, under contract with the Office of Economic Opportunity and in cooperation with the Administration on Aging of the Department of Health, Education, and Welfare.

This evaluation is based on intensive and systematic study and analysis of all aspects of the Foster Grandparent Program as it was being carried out in ten local or state-wide projects that were in various stages of development and operation. This enabled us to assess a variety of approaches to the program and to ascertain its effects on the foster grandparents, children, institutions and communities involved.

The findings, conclusions and recommendations in this report are aimed at providing constructive guidelines for expansion and improvement of the program. The evaluation shows that the Foster Grandparent Program is an effective and viable instrument to reduce poverty and poverty-linked problems among the aged. It also has had a positive effect on the social, emotional and physical functioning of the vast majority of institutionalized children who received this care. At the same time improvements are needed in many aspects of the administration and operation of the program if it is to continue to be successful. In large part this will require strong Federal leadership, support and guidance. This is especially so since there is little evidence that local institutions and communities are in a position to provide substantial local financial support in the immediate future.

This evaluation was, of course, limited to an examination of the program during a period of less than a year of operation. Thus, the long-term effectiveness and viability could not be determined, and we believe that it is important for a long-term follow-up evaluation to be undertaken.

Finally, we would like to acknowledge the excellent cooperation we received from all of the agencies and institutions that participated in the evaluation and the wholehearted cooperation of the Office of Economic Opportunity and the Administration on Aging. We wish to express our deep appreciation to all who cooperated in this study.

Sincerely yours,

Arthur Greenleigh

Arthur Greenleigh
President

AG/jmr

ACKNOWLEDGMENTS

A study of this magnitude and importance depends upon the cooperation and assistance of many hundreds of individuals, and it is not possible to give the individual recognition that is due all of them.

We wish to express our appreciation to the 478 foster grandparents who participated in the evaluation by providing valuable information in interviews and questionnaires. We also wish to express our gratitude to the staff members of the ten projects and thirty-three host agencies which participated in the evaluation, and particularly the ten project directors:

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Dr. Richard Engler, Assistant Project Director
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Mrs. Patricia Jordan, Research Assistant

Mrs. Linda Bailey, Research Assistant

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Robert Lefferts
Project Director

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I. INTRODUCTION

A. Introduction

This evaluation of the Foster Grandparent Program was conducted by Greenleigh Associates, Inc., from February 1966 to November 1966, under contract with the Office of Economic Opportunity and in cooperation with the Administration on Aging of the Department of Health, Education, and Welfare. The findings upon which the evaluation is based were obtained during a field survey which was carried out from April 4, 1966 to June 30, 1966.

This evaluation shows that the Foster Grandparent Program has demonstrated great value and should be expanded on a large scale, but requires improvements in administration and operations. In effect the program's concept and design were sufficiently powerful that, at least during the period under study, it has been able to function successfully and withstand a number of administrative and operational weaknesses. A viable role for the aged has been demonstrated, aged persons have been lifted out of poverty, the majority of children involved in the program have benefited, and institutions have become oriented to a new service role. However, in spite of its initial success, the Foster Grandparent Program has little local community support, and its immediate continuation and expansion will be almost entirely dependent upon strong national leadership from the Office of Economic Opportunity and the Administration on Aging of the Department of Health, Education, and Welfare.

The Foster Grandparent Program has a dual function and orientation--employment of the aged and service to children. To understand, accept and preserve this dual orientation is essential to future planning and development of the program, for to attempt to neatly categorize it as either an employment program or a service-oriented program will undoubtedly stifle the innovative contribution that it has and can continue to make to our economic and social well-being.

The program has had a positive economic and human impact. Economically it has raised those older people who are foster grandparents to a level of income above the poverty line. It is almost impossible to reduce the real human impact of the Foster Grandparent Program to the written word. To see the program in operation, to observe the hunger of deprived, handicapped and sick children for love, warmth and attention, to learn of the reborn feelings of usefulness on the part of the older people who had been cast aside by society--these are the essential human aspects of the program.

Even with its limitations, which are documented in this report, and with the need for improvements toward which the report's recommendations are directed, the program has demonstrated its main objective--the utilization of previously wasted human resources to improve the lives of children and older people, and thereby to strengthen the quality of our society.

The findings, conclusions and recommendations contained in this report are aimed at providing objective and definitive information on the strengths and weaknesses of the program to guide its future development as an effective instrument in the reduction and prevention of poverty and poverty-linked problems.

B. Purposes [1/]

The specific purposes of the evaluation were:

> To describe the social and economic characteristics of the foster grandparents;
>
> To describe the characteristics of the child population being served;
>
> To appraise the socio-economic effects of the program on the foster grandparents;
>
> To appraise the social and emotional effects on the children being served;
>
> To assess the program including its administration, recruitment, training, operations and content;
>
> To assess the effects of the program in terms of institutional change and adaptation;
>
> To determine the overall benefits, strengths and weaknesses of the program and assess its relevancy with respect to the prevention and amelioration of poverty-linked problems in the community and among the aged and children.

In carrying out these objectives it was understood that:

> The evaluation will describe and analyze the roles provided for foster grandparents in the institutions involved and any administrative or operating problems associated with these roles.

[1/] From "Proposal to Evaluate the Foster Grandparent Program," Greenleigh Associates, Inc., 1966.

> The evaluation will also deal with the extent to which the Foster Grandparent Program adds to the institutional setting new roles not presently served....
>
> The evaluation will also give attention to the impact of the program and the foster grandparent concept on the administration of the agencies involved and the effects upon the local social service systems of which the institutions using foster grandparents are a part....An appraisal will be made of the potential for local sources of support for continuation of the program....

C. Scope

The scope of the evaluation included studies of ten of the twenty-two foster grandparent projects that were funded at the time the study was approved.[2] The sponsors of these projects were located in the following ten communities: New York City, New York; Philadelphia, Pennsylvania; Atlanta, Georgia; Fort Wayne, Indiana; Denver, Colorado; St. Cloud, Minnesota; Morganton, North Carolina; Nashville, Tennessee; Madison, Wisconsin; and San Francisco, California.

The ten projects involved thirty-three child-serving host agencies that were utilizing foster grandparents. These included ten general and special hospitals, seven institutions for the retarded, fifteen institutions or agencies for dependent and neglected children,[3] and one specialized institution for emotionally disturbed children.

The study included 478 older persons who were employed as foster grandparents and had worked two months or more. In addition, it included 907 children who had received foster grandparent care for two weeks or more. (These criteria are explained more fully in Chapters IV and V.)

D. Method [4]

The principal approach was a descriptive-analytical study of the Foster Grandparent Program in situa. The program, administration, and the impact on foster grandparents, children, institutions and the community, were all studied firsthand during actual operations over a three-month period. The fact that the ten projects were in different stages of development made it possible to observe directly almost all elements of the program, ranging from the early processes of recruitment and training of foster grandparents in some communities, through actual program operations in all communities, to the more advanced stage of project applications for a second year of operation in some communities.

---

[2] The program has grown since the evaluation was begun. As of June 1966, the Foster Grandparent Program was funded in thirty-three communities at a total cost of $5,573,454.

[3] Includes one foster home.

[4] For a more complete description, see Appendix A.

Most of the data were obtained by a staff of six field analysts who were highly trained and experienced professionals in the social sciences, social work and education, each with a background of considerable research and program experience. After a week of special training and orientation to the study and its methodology by Greenleigh Associates, these field analysts were equipped with specially devised research instruments to facilitate the systematic gathering of objective data on a number of levels.

By site observations, depth interviewing, the administration of a questionnaire, and analysis of primary and secondary resource material and documents, the field analysts obtained the necessary data and prepared analytical reports of the operating program, the foster grandparents and the children in each local setting. The final, total picture was synthesized from these reports.

The study focused on several levels. At the most minute level, the focus was on the individual grandparents and children. The next, broader level was the host institutions using and adapting to the program. Broader still was the total program, under the administration of a given sponsoring agency responsible for organizing local resources in program development and operation. Finally, the total community had to be viewed as the embedding environment for the program as presently operating and in anticipation of future program operations.

The basic steps in the study involved:

1. Preparation and Design

Interviews were conducted with headquarters personnel of the Office of Economic Opportunity and the Administration on Aging of the Department of Health, Education, and Welfare to obtain background information on the program. Preliminary site visits were made to all study communities which had their programs in operation, and background information on these projects was obtained. Research instruments were designed and tested. Training and orientation of study staff was carried out.

2. Field Survey

a. Interviews with Foster Grandparents

Using a uniform interview guide the field analysts conducted nondirective focused interviews with 269 foster grandparents (a random probability sample of the 478 foster grandparents who had been employed for two months or more) to obtain, in-depth information on their characteristics, their work situations, their problems, and the impact of the program on them. An abbreviated version of this guide was administered as a questionnaire to the remaining 209 foster grandparents.

b. Data on Children

Using a uniform data collection guide, information was obtained on the characteristics and the impact of the program on a 50 percent random probability sample of all children receiving foster grandparent care for two weeks or more and for whom such data were available. Of the children who met this criterion, data schedules were completed for 369, and on the remaining children only demographic data were obtained.

c. Data on Program and Operations

Based on interviews with sponsoring agency and host agency personnel, uniform data were obtained on all relevant aspects of the foster grandparent program, including such items as its local structure, orientation, administration, recruitment, selection, training, assignment, supervision, financing, staffing patterns, operating problems, impact on the agencies, and plans for the future.

d. Data on Community Impact, Support and Relationships

Responsible spokesmen for appropriate local, state and regional public and voluntary agencies were queried as to their involvement in the program, their knowledge, understanding and perception of it, their attitudes toward the program, and the extent of community support for the program. The minimal list of agencies to be contacted in each community included:

Local anti-poverty community action agencies

Public employment services

Public welfare departments

United Funds

Local special planning and coordinating agencies

Agencies and institutions giving direct services to children but not participating in the Foster Grandparent Program

Specialized agencies concerned with needs of and services for the aged

Regional representatives of the Administration on Aging and the Office of Economic Opportunity.

In all, more than 150 interviews were conducted with persons not directly involved in program operations, as support, impact and viability of the program were explored for the ten projects.

3. Final Analysis, Synthesis and Report

Utilizing all of the recorded data and observations, as well as information from four days of intensive debriefing of the field analyst staff, the final analysis and synthesis presented in this report was prepared. Data from the foster grandparent and child schedules were coded, keypunched, and tabulated through the use of electronic data processing equipment. These findings, combined with summary descriptions and analyses of broader program dimensions are woven together in this report.

The basic format of the organization and presentation of the results of the study involves description and analysis of the viability of the program and its strengths and weaknesses in relation to the foster grandparent, the child, the program, the institution and the community. Chapter II summarizes the major findings and conclusions and presents the study recommendations. Chapter III explains the background of the program. Chapter IV describes the characteristics of the foster grandparents, evaluates the impact of the program on them, and develops the implications of these data for the future of the program. Chapter V provides the same kind of analysis regarding the children served. Chapter VI describes and analyzes the operation and impact of the program on the host institutions. Chapter VII is a description and analysis of the strengths and weaknesses of the various elements of administration and program operations. Chapter VIII describes the viability of the program at the community level and includes a typology of the project communities.

II. SUMMARY OF MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

A. Overall Impact

The Foster Grandparent Program has had a major economic and social impact on the older persons employed as foster grandparents. The median income of single foster grandparents prior to employment was $1,224; after employment it was $2,320, an increase of 90 percent. For those classified as couples, the median income before employment was $2,472. After employment it was $3,736, an increase of 51 percent. Two-thirds of the foster grandparents reported that this increased income helped them to alleviate major problems of being able to pay for adequate housing, food, clothing and health care. Almost all reported that they felt more useful in their daily lives, and many reported improvements in sleeping, appetite, digestion and general physical energy.

The majority of children who received foster grandparent care, 70 percent, were reported to have improved in their social and emotional behavior or in health and physical condition. Of all children, 56 percent showed improvement in their relationships with adults and peers, 52 percent showed improved emotional adjustment in the institution, 38 percent had improved in physical health, sleeping and eating, and 38 percent showed improvements in physical mobility, motor skills and self-care. The magnitude of these improvements was similar in three types of institutions: those for the mentally retarded, hospitals and those for dependent children. In a fourth type, an institution for teen-age emotionally disturbed children, however, only 19 percent seemed to show improvements in those areas. It should be noted that the complex nature of the problems of such emotionally disturbed children makes documentation of improvement especially difficult.

Based on the findings of this evaluation, the Foster Grandparent Program has demonstrated its viability as an effective instrument to:

1. Reduce poverty among the aged poor by providing them with the necessary income through useful employment to raise them above the poverty income level.

2. Provide a new, useful and needed role for older people in children's institutions in order to meet the needs of institutionalized children for warm, individual care and attention.

3. Gain acceptance among a wide variety of types of institutions for the feasibility of providing such a specialized service as a part of their total programs.

> Recommendation
>
> The Foster Grandparent Program should be expanded on a large scale to provide employment for older people in hospitals, institutions for the mentally retarded and institutions for dependent and neglected children.

B. Organizational Structure

The local organizational structure of a sponsoring agency and host agencies has proved to be an effective device for administering the program. The functions of promotion, recruitment, selection, training, and overall administration, and financing are all more efficiently performed by a central, community-wide sponsor than by each individual host.

There was a wide variety of types of sponsoring and host agencies in the ten projects. Sponsors included: two health and welfare planning councils, two senior citizen organizations, two state public agencies for the mentally retarded, one local public welfare agency, two Catholic Charities and one family service agency. Hosts included eighteen public institutions, nine voluntary sectarian institutions and six voluntary nonsectarian institutions.

The program should be broadly based and instituted in a wide variety of local institutions, and in order to accomplish this it will be necessary to select sponsors in a position to reach this objective. It was found that sponsoring agencies with broad community-wide functions, e.g. health and welfare planning councils and senior citizens organizations, were able to involve a broader variety of host agencies than the sponsors with more narrowly defined functions or constituencies.

> Recommendation
>
> The sponsor-host agency organizational structure should be continued. In the selection of sponsoring agencies, efforts should be made to secure sponsors that have a community-wide orientation and the ability to encourage the utilization of the program in the widest variety of agencies possible, including public agencies and both voluntary sectarian and nonsectarian agencies. In order to effectively reach geographically isolated state institutions, a central state agency is the most effective sponsoring mechanism.

C. Orientation of the Program

The dual orientation of the program, emphasizing both employment of the aged and services to children, is functionally sound and contributes to the program's effectiveness. Some projects were more oriented to the aged and others were more oriented to serving children. Unless conscious efforts are made to preserve the dual orientation, the program easily can slip into one pattern or another, thus handicapping its ability to carry out its objectives.

Recommendation

> The dual employment and service orientation of the program should be maintained, and sponsoring agencies should be responsible for interpreting and protecting this orientation among host agencies and in the community.

D. Cost of the Program

Among the ten projects the annual overall unit cost per foster grandparent ranged from $3,334 to $2,198. Frequently 40 to 50 percent of the total budget was for administration and supervision,with the remainder for foster grandparent salaries. The administrative and supervisory costs were related to the number of a staff employed in such positions and not to high salaries. In eight out of the ten projects it appeared that the existing administrative and supervisory structure could handle larger numbers of foster grandparents without an appreciable or corresponding increase in administrative and supervisory costs.

Recommendation

> Every effort should be made to employ a maximum number of foster grandparents in each project so as to keep the unit cost per foster grandparent for administration and supervision at an efficient level.

E. Personnel Policies

Foster grandparents were usually employed on a regularly scheduled basis for twenty hours a week. They were not, however, receiving any of the employee fringe benefits normally associated with regular employment, e.g., sick leave, vacation, etc. This meant that any time off resulted in a loss of pay and subsequent hardship.

Recommendation

The employment aspects of the program's operations should be strengthened by introducing more adequate personnel policies into the operation. To improve the conditions of employment, local projects should be required to include provision for paid sick leave, holidays, vacations, and appropriate employee insurances.

F. Pay Scale

The Federal guidelines prescribe that the pay scale for foster grandparents must be the Federal minimum wage of $1.25, or higher if local pay scales for similar work are higher. Of the ten projects, six were paying $1.25 (one host agency paid only $1.10); three paid $1.50 and one paid $1.77. While these scales were sufficient to raise most of the older persons above the poverty line, they were hardly reflective of the relative worth of the foster grandparents' work in the institution.

Recommendation

Within the budgetary limitations local projects should be encouraged to move in the direction of adopting more appropriate pay scales in line with the relative worth of the foster grandparents' job.

It should be noted that 90 percent of the foster grandparents received Social Security benefits and that current Social Security regulations provide for a deduction of $1.00 in benefits for each $2.00 of earnings over $1,500 and up to $2,700. No deductions are made for income earned by individuals 72 years and older. Thus, unless existing regulations are changed, a higher pay rate could result in a loss of some Social Security benefits for some foster grandparents. It is understood such changes are already under consideration.

G. Transportation

A major problem for many foster grandparents was the time, effort and expense of transportation to and from work. A number were unable to accept employment or continue in the program because of transportation problems. More than one-half of those in the program were spending in excess of an hour a day in transportation, and costs were as high as $1.46 a day.

Recommendation

Transportation problems should be recognized as a major barrier to the continued success of the program and local projects should be required to develop adequate transportation plans and arrangements when necessary. The costs of transportation should continue to be a part of the project budgets.

H. Recruitment and Selection

The recruitment of foster grandparents successfully produced sufficient numbers of applicants to fill the available positions in the ten projects. The most effective recruitment devices were mass media, especially the use of newspapers. Public assistance agencies, public employment services and local anti-poverty agencies did not produce a significant number of applicants in most cases.

The screening and selection processes were found to be highly selective, and most foster grandparents who were selected represented good employment risks. Their median age was sixty-eight, median years of education was nine years, most had been previously employed, many had skills and experience in various kinds of social, health or educational work, and the majority had very stable family backgrounds. Preference had clearly been given, in the selection process, to older persons with backgrounds more representative of the middle than the lower socio-economic class.

Recommendation

There should be increased attention in both recruitment and selection to utilizing more effective methods of reaching the aged poor. Public welfare agencies, public employment services, and local anti-poverty agencies should have increased responsibility to vigorously recruit potential foster grandparents from those sections of the community where it is known that large numbers of aged poor reside.

In the selection of foster grandparents, more attention should be given to the capabilities of older persons who have limited education and employment experience in order to bring into the program older persons of varied social and economic backgrounds. If necessary, more orientation and training should be provided to assist such persons to function in the foster grandparent role.

I. Referral

Many older persons who applied for jobs as foster grandparents had serious financial, health, and social problems requiring remedial and ameliorative services. Only one-half of the projects had formalized programs to refer such persons to other agencies for necessary services.

Recommendation

Sponsoring agencies should have definite responsibility for developing effective systems for referral and follow-up of those older persons applying for the program who are in need of health and social services and financial assistance.

J. Training

Effective training is obviously required to prepare foster grandparents for their role in the care of children. Although Federal guidelines call for two weeks of training, training programs in the ten study projects ranged from two days to two weeks. It was found that there were many similarities in content among the training programs in the ten projects.

Recommendation

The Administration on Aging should develop model orientation and training programs to guide local projects and provide consultation on this aspect of the program. Local projects should be carefully monitored in order to be sure that sufficient training time and programs are provided.

K. Supervision

Adequate on-the-job supervision, help and support for foster grandparents by project staff and supervisors and by the regular employees of the institution are key elements in facilitating the work of the foster grandparents. One of the problems observed in some projects was that regular institutional staff had not been properly prepared for the program and were not facilitating the work of the foster grandparents to the extent possible.

Recommendation

Project plans should include formal and informal programs to prepare all institutional staff members for the Foster Grandparent Program and assist such staff in making full and effective use of the foster grandparent in his unique role as a part of the total institutional program.

L. Assignment to Children

One of the major factors contributing to the success of the program was that it introduced highly personalized and individualized relationships between the child and a warm, attentive adult. Federal guidelines stressed the need to structure the program so as to preserve this arrangement. In practice, however, the pure one-to-one assignment sometimes broke down due to a number of factors, including the demands of other children for attention and the physical limitations of some institutions which were unable to provide a place for the child and foster grandparent to be alone some part of the day.

> Recommendation
>
> The one-to-one assignment of foster grandparents to children should continue to be stressed and, while some deviation from this pattern will necessarily occur, the basic one-to-one approach should be preserved. Careful attention to this should be given by the sponsoring and host agencies.
>
> In addition, the activities of the foster grandparent should continue to be focused on social and personal activities with the children, and sponsoring agencies should be watchful that as time goes on the foster grandparent does not increasingly carry out institutional housekeeping routines.

Federal guidelines call for the assignment of foster grandparents to children who come from economically deprived families--a requirement that is inappropriate in view of the fact that need for foster grandparents' care is not necessarily related to the family income of the child's parents. In addition, there are operational problems inherent in attempting to limit the program to children from poor families. Frequently, specific information regarding the economic background of each child is not known to the host institution. This is particularly true in hospitals as well as in other types of institutions. Therefore, in such institutions the policy of assigning foster grandparents to children whose families were below the poverty index would be difficult to enforce.

Furthermore, as pointed out in this report, foster grandparents often give attention to children other than the two individual children they may be assigned. It would be unnatural and unwise for foster grandparents to reject overtures from these children, who may or may not be from poor families. In some settings foster grandparents were assigned to groups of children including those who were and were not from poor families. It would, in this instance, be impossible to carry out the policy of serving only poor children.

The fallaciousness of strict adherence to such a policy is also illustrated by the child whose family has been poor but whose parent may become employed and earn additional income that raises the family above the poverty index. If this takes place while the child is institutionalized and getting foster grandparent care, does this mean he no longer should be given care? Or, consider the case of children who are so emotionally deprived that they don't eat and are in critical physical condition. If such a child is not poor, is he to be denied a foster grandparent whose care might contribute to his recovery?

In view of these factors, a very liberal interpretation of the guideline emphasizing service to poor children should be encouraged, and the economic factor should be secondary. The child in the institution is in a quite different position from the child in the community who has a variety of services available to him if his family can afford them. The institutionalized child has only available to him the services of that institution, regardless of his economic position. Yet the guideline would deprive these children of an important service, not otherwise available, simply because their families' incomes exceed an arbitrary dollar amount. There is no doubt that this policy would greatly complicate the operation of the program and that some host agencies would not be able to participate in the program.

> Recommendation
>
> Children who are assigned foster grandparents should be selected on the basis of physical, social and emotional need, and not on the basis of family income.

Recent Federal guidelines permit assignment of foster grandparents to children up to the age of sixteen. This is appropriate in view of the needs of all children in the institutional setting. However, the effectiveness of the program with older children could not be determined in this study except with the mentally retarded where it appeared to be effective and with the emotionally disturbed where it appeared more limited.

> Recommendation
>
> While the program should not exclude older children, there should be continued emphasis on serving the very young institutionalized child, and there should be further experimentation and evaluation of the nature of the foster grandparent role with older children.

M. Consultation to Host Agencies

The program had varied effects on host institutions and in many cases was leading to self-re-examination of program concepts. In a number of smaller institutions with custodial orientations, particularly those for dependent and neglected children, the Foster Grandparent Program was upsetting normally rigid routines of activities and discipline. Agencies that lacked modern child-care standards often found the program disturbing.

The Foster Grandparent Program should be fully utilized as an instrument for constructive institutional change. To do this it will be necessary for sponsors or other competent agencies to assist some host agencies to interpret the implications of their experience with the Foster Grandparent Program for their own total program and function. Certainly the positive effects of the Foster Grandparent Program on children raises the question of the validity of the custodial type of institution for dependent children as an effective way to meet the social and emotional needs of children.

> Recommendation
>
> Sponsoring agencies should have clear responsibility to see that competent resources are utilized to assist host agencies to make the most effective use of the Foster Grandparent Program. Sponsoring agencies should also assure that assistance is given to host agencies in considering the implications of the program in connection with possible revisions that are needed in their overall programs.

N. Community Support and Relationships

In many communities there was a lack of understanding and support for the program among key groups and organizations, including local anti-poverty agencies. This has serious implications for its future. For example, the most recent Federal guidelines indicate that the Foster Grandparent Program, with a few exceptions, is to be funded under Section 205 of the Economic Opportunity Act as a community action program rather than under Section 207 as a demonstration project. This presents certain problems even though the program is not to be charged against the guideline allocations that regulate distribution of 205 funds to each community. While the program has fully demonstrated its worth, the lack of community understanding and support for the program, coupled with the generally low priority assigned to anti-poverty programs involving the aged, may place the future of the program in jeopardy in some communities. While many sponsoring and host agencies were developing plans to expand the program, practically none of these reported that they were in a position to provide any substantial local financial resources to support the operation. The continuation and expansion of the program will be dependent upon Federal financing in the immediate future.

> Recommendation
>
> There should be continued administrative arrangements by the Office of Economic Opportunity to protect the program by not charging it against regular guideline allocations under Section 205. The Federal and regional Office

of Economic Opportunity staff, Administration on Aging staff, and sponsoring agencies should have a major responsibility to promote the program in local communities and interpret it to local anti-poverty community action agencies.

O. Need for a Reporting System

A considerable amount of time of sponsoring agency project staff goes into the preparation of reports and case illustrations. At the same time, there is a lack of standardized information on all aspects of the program's operation and its effects that could be utilized for effective management, planning and evaluation of the program at the local or national level.

Recommendation

A standardized program reporting system should be developed at the Federal level so that uniform data on the program and its effects would be available for purposes of administration, program reporting, program planning and evaluation. Adaptation of some of the research instruments utilized in this study would contribute to such a system.

P. New Roles for the Aged

The program has demonstrated the viability of employing the aged in one type of service role. There are undoubtedly other roles in and out of institutions which could be effectively filled by older persons. In addition, some of these roles might be more attractive to older men who did not respond in large numbers to the foster grandparent recruitment efforts.

Recommendation

The Administration on Aging should engage in developing new service roles appropriate for employment of older persons, and special attention should be given to designing programs that are more acceptable to older men.

Q. Need for Long-Term Evaluation

While the effectiveness of the program has been demonstrated over the relatively short period of time of its existence, there are many unanswered long-term questions. Those include: what will be the effect on children when they are separated from foster grandparents? To what extent will there be attrition of foster grandparents due to illness and other factors? Will the program result in meaningful changes in institutional philosophies and programs?

Recommendation

The long-term viability of the program should be evaluated by authorizing at the Federal level a longitudinal follow-up study for this purpose over at least a one-year period.

III. BACKGROUND OF THE FOSTER GRANDPARENT PROGRAM

A. Problems of Older Persons

In a period of rapid change and consequent dislocation of social patterns in our society, older people have been recognized by many as presenting a particular set of problems requiring concerted attention. One call to arms for the war on poverty included the elderly among "the other Americans" cast adrift amid the major currents of an affluent society.[1] Many of them were seen to share certain situations of deprivation across our communities, neighborhoods and family groups, and within our economy.

Two facets of the problems of older people, income and employment, are particularly significant.

Income. The Bureau of Labor Statistics has estimated that a modest but adequate level of living requires an annual income of $2,500 for an older retired couple and $1,800 for an older retired individual. The 1963 survey of Old Age and Survivors Insurance beneficiaries and nonbeneficiaries indicated a median annual income for older couples of $2,875, for older nonmarried men of $1,365, and for older nonmarried women of $1,015. One-third of aged couples and two-thirds of aged single individuals have been estimated to fall below the BLS minimal standard. [2]

Employment. With the operation of Social Security and other retirement programs, the proportions of older people seeking work have declined, until today only three out of ten men sixty-five years old and over are in the labor force. For older women, the figures are one in ten. [3] Yet, the ethic that related usefulness to gainful employment and work, and rewards accordingly in both economic and psychological terms, is still strong in our society.

Other problems of aging--health, living arrangements, family relationships, community image and status have been well documented. They also point up the need, as services are planned, for distinguishing factors that pertain specifically to older people.

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[1] See Michael Harrington, The Other America (New York: Macmillan Company, 1962).

[2] Statistics cited in: Clark Tibbitts, "The Aging - An Overall Appraisal," Proceedings of the Governor's Conference on Aging, Georgetown, Delaware, November 3, 1965, p. 10.

[3] Ibid., p. 5.

The approach to program planning for the Foster Grandparent Program recognized that at the same time older people had certain problems, many also had underutilized strengths. It is crystallized in this statement:

> We must caution ourselves... to bear in mind that our concern is to create an environment of opportunity for all older people, the majority of whom, at any one time, are relatively healthy, in full possession of their faculties, and, largely, self-directing. Most special services are needed by a relatively small proportion of older people at any particular time.[4]

Flowing from this positive philosophy, the counterpoise to services for the elderly appears as services by the elderly in a society where broad avenues to new and expanded human services are just beginning to be opened and explored.

B. The Foster Grandparent Idea: Older People as a Resource for Service

The Foster Grandparent Program idea sought a way to wed problems of the elderly to those of children and to attack both sets of problems simultaneously. This was to be accomplished through a human-service link that would address the amelioration of conditions of deprivation in both groups.

The approach was novel, for in our specialized society we tend increasingly to identify and label subgroups as distinct entities and to address their problems individually. A more holistic approach would recognize that even as groups are differentiated in a society they remain interdependent, and that a truly healthy society is one in which life-affirming transactions continue to flow between individuals and groups in the give and take of human relationships. It also seems significant that, in our future-oriented and youth-centered society, an experiment in creating--actually in re-creating--reciprocal human relationships to benefit the nation's aged, chose the very young as the second party in these transactions.

In the midst of growing concerns that "something be done for the older people too," the ideas of specialists on problems of aging and of specialists in child development were caught up together in the thrust of the War on Poverty. A number of local experiments in the use of nonprofessionals in supportive roles with deprived children were under way or had been completed. In May 1965, a document prepared by the National Council on the Aging under contract to OEO [5] both summarized results of these experiments and laid out initial guidelines for "A Model Community Action Program to Employ Older People As Aides to Work With Very Young Children." Here the focus was narrowed to concentrate upon children in varied types of institutionalized care, with older people providing the "personalized services which can improve the present and enhance the future for these children." 6/ As an ideation for the War on Poverty and its local community action programs, this PROJECT TLC (Tender Loving Care) proposed "to serve the poor at both ends of the age scale, the very young and the elderly." 7/

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[4] Ibid., p. 4.

[5] Geneva Mathiasen (Executive Director, The National Council on the Aging) and Jack Ossofsky (Director, Office of Economic Opportunity Project, NCOA), "PROJECT TLC," May 21, 1965.

The concepts of PROJECT TLC were directly relevant to the thinking of planners in OEO and the Administration on Aging 8/ of the Department of Health, Education, and Welfare charged with developing program ideas for older Americans which could be tied to the War on Poverty. Corroborating evidence was plentiful that institutions caring for children were a logical site for experimenting with a service role for the aged. This was further highlighted by a report in April 1965 on the poor conditions in the children's wards of a Chicago hospital. In addition, a visit by staff members of both the Office of Economic Opportunity and the Administration on Aging to a nearby institution in the District of Columbia showed dramatically, at first hand, the emotional deprivation of neglected and institutionalized children, who seek out the visitor to touch and hold, to be held and responded to.

Out of deliberations among OEO and HEW planning staff, a role for elderly persons, who would be paid for providing "tender loving care" on a personal basis to infants and young children in institutionalized settings, was conceptualized: the foster grandparent role.

C. Program Implementation

With OEO approval to attempt to develop an idea into a program, Administration on Aging personnel contacted their own regional representatives and those of the Children's Bureau and OEO requesting them to sound out institutions and agencies in their regions regarding interest in foster grandparent demonstration projects. Notification was subsequently received in Washington of the names of interested institutions. Representatives from these institutions were invited to meetings on June 12 and 22 in Washington. Seventy representatives from fifty-six institutions and agencies attended these meetings where program ideas were discussed and a "model" project description and budget was shared. The program rationale shared with conference participants was set down in these words:

6/ *Ibid.*, p. 3.

7/ *Ibid.*, p. 1.

8/ Called the "Office of Aging" of HEW until the passage of the Older Americans Act, 1965.

> The results should provide, to infants and children through age five, socially and psychologically supportive adult contacts essential to social maturation, the development of their ego, the growth of a sense of personal responsibility, and a realistic perception and appreciation of their physical and social environment. For the worker, it would not only provide income supplementation, or even total income, but also the rewards (social status, prestige, and approbation) assigned to those who contribute to community improvement or to economic productivity.[9]

The initial prospectus for the total program was twenty projects in varied locations throughout the country, "designed to explore, evaluate, and demonstrate promptly the feasibility, problems, and potential benefits of several variations of employing older workers for the enrichment of the social environment of institutionalized infants and young children."[10]

The Administration on Aging and the Office of Economic Opportunity entered into a contract on June 30, 1965 under which the Administration on Aging would be responsible for technical development and supervision of the projects initiated under the program and determining the best procedures for conducting future programs. Subsequently, when guidelines for operations were clarified, the Office of Economic Opportunity would oversee nationwide expansion of the program.

By early August 1965, applications had been received for twenty-one local projects covering forty-nine institutional settings, with several more applications in process of preparation. A package of twenty-two projects was presented to OEO and approved for funding in mid-August, and a few local projects were under way by September.

D. Basic Guidelines and Organization

On August 28, 1965, the Office of the White House Press Secretary released to the press the President's announcement of "a federal program aimed at lifting five and one-half million elderly citizens out of poverty." The program was seen as opening "a new front in the War on Poverty." The announcement presented the President's purpose in these words:

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[9] Attachment to Memo of June 17, 1965 from Marvin J. Taves (Assistant Director, Office of Aging) to Participants in Meeting on Foster Grandparents Demonstration Projects, June 22, 1965.

[10] Ibid.

> The aged poor have maturity and experience to offer.... They are eager to help themselves and others. We are going to use this rich, untapped human resource to help others less fortunate. In turn, it will enable these elderly people to find the dignity and usefulness they seek.
>
> The initial five-point program will employ 17,600 elderly Americans of low income. They will help attack the poverty of 140,000 of the Nation's most cruelly deprived--neglected babies, retarded children, the homebound sick, and the bed-ridden and isolated elderly.
>
> One of the new projects is a 'Foster Grandparents' program in which the elderly will be 'substitute parents' for neglected children in institutions. Within a year, it will reach into all fifty states at a total cost of $10 million....[11]

The core of the foster grandparent role was the provision of tender loving care to young children. Two hours per day of such contact with a child by the foster grandparent was seen as the basic unit of service. Agencies were instructed that this service must be in addition to the existing agency program. It was intended that the program should provide an added dimension to agency services and that foster grandparents would not be used merely as extra hands to relieve existing staff of routine duties. Another caveat was that no maintenance or custodial responsibilities should be assigned to foster grandparents; however, where such activities--as in feeding, changing diapers, attending to specific child-related problems in the institutional environment--were a natural part of giving attention to an assigned child, they were permitted.

In general, assignment of a grandparent on an individualized basis to children was prescribed. It was foreseen that older children could be served while involved in group activities, but accompanied by their "grandparents." Each foster grandparent was to work four hours per day, five days per week. He was to be assigned two "grandchildren" and to provide two hours of tender loving care to each child per day. The model project proposal specified the funding of thirty-eight foster grandparents to serve fifty children, with scheduling desired to provide weekend service to the children.

Qualifications of children assigned the foster grandparent service were, initially, that they be 0-5 years of age and, in general, of the poverty group in our society. Some leeway in age groups was permitted, particularly to accommodate older children of low mental age in institutions for the retarded, and no stringent requirement to assess and differentiate the poverty group of children in institutional settings was enforced.

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[11] Press release, August 28, 1965 (For Release To Sunday Papers, August 29, 1965), Office of the White House Press Secretary (Austin, Texas).

Qualifications of elderly persons for the program were firm and specific in two major areas:

Age	Sixty years old and over.[12]
Income	Below $3000 annually for a couple, if applicant married and living with spouse; below $1800 if elderly person applying as a single individual.

Other qualifications which were more flexible and left to local interpretation were those related to education, health, emotional stability and the person's capabilities for giving tender loving care to children and for performing those tasks implied by this service in given settings. However, a physical examination was to be required for all foster grandparents.

Federal guidelines for the program required that foster grandparents be paid the Federal minimum wage of $1.25 an hour or higher.

Two categories of agency participants were created: "sponsors" and "hosts."[13] The sponsoring agency is responsible for supervising the ongoing project in a community, recruitment and training of foster grandparents, submitting periodic reports to the Administration on Aging, and insuring that program guidelines are followed. The hosts are the children's institutions and hospitals in which the children are in care and where they are served by foster grandparents.

At the national level, technical direction was set up in the Administration on Aging (HEW) with an authorized staff of one director, two assistants and two secretaries. Their responsibilities included: preparation of the model project application; selection of local sponsors; development of criteria for application review jointly with OEO; review of project applications for recommendations to OEO; negotiation of changes in applications with local sponsors; provision of technical assistance (in cooperation with regional staffs) to local sponsors regarding project planning, recruitment, training, assignment and evaluation; development of guidelines and report forms; and provision of program information to OEO.

12/ Initial discussions and planning envisioned a lower-age limit of fifty-five. This was changed to sixty at the last moment of approval of the initial package of projects.

13/ More recently three new terms have evolved to describe the local structure of the program. These are: 1)"Applicant agency," the agency that submits the application to the OEO office; this agency is the "grantee." 2) "delegate agency," the agency that under contract from the grantee employs the director, staff, and foster grandparents. (In some cases there is no delegate agency since the applicant agency carries out the program itself.) 3) "Host agency," the agency that houses the actual operation--the place where the foster grandparents work with the children.

The general relationship of sponsoring agency to host agency at the local level was established in the guidelines. However, there was opportunity for variations in local program development with respect to recruitment, training and sponsor-host agency staffing patterns. An early memo regarding the Foster Grandparent Program (from the office of the Chief of Research and Program Development for the Community Action Program of OEO) gives a flavor of the open approach and the pay-off expected from such a demonstration:

> In order to develop experience with such projects in a variety of settings, the sponsors represent a diversity of affiliations from a private senior citizen organization, a family and children's agency, a health and welfare council or a CAP group, to public agencies such as departments of welfare, health departments, and general hospitals. Church groups, particularly the Catholic Church, are evident as both sponsors and hosts.... This is to be expected since they support a major proportion of institutions and hospitals serving children of this age group.
>
> One of the collateral foci of this demonstration project is to evaluate any differences in impact on the child or the older worker which might be attributed to the character or practices of the sponsor or host agency. 14/

As was anticipated, and as shown in this study, there were a variety of reactions among agencies and institutions, the children, the foster grandparents and the communities involved.

14/ Memo from Sanford L. Kravitz (Chief, Research and Program Development), undated; Subject: "Highlight Memo on a Demonstration Foster Grandparent Program in Selected Children's Institutions Throughout the United States."

IV. THE FOSTER GRANDPARENTS: CHARACTERISTICS AND IMPACT

A. Introduction

Most of the foster grandparents in the program were affected positively in two major ways. First, the increased income they received for their work raised them above the poverty line and enabled them to cope more adequately with problems that were related to their financial needs. Second, and equally important, was the renewed sense of usefulness almost all gained from their work with the children. In addition a number of foster grandparents reported improvements in physical functioning in such areas as sleeping, eating and energy.

The foster grandparents were predominantly women (83 percent) and white (71 percent). One-half were over 68 years of age. One-half had attained nine years or more of schooling. Nine out of ten had children of their own and three-fourths had their own grandchildren. Regardless of age, race or sex of the foster grandparents, the majority reflected characteristics that identified them as stable family-oriented people.1/

While all were living in poverty when selected, many of the foster grandparents had during their lifetimes been part of the broad middle or lower-middle social and economic class in American life. These persons were not highly representative of many of the characteristics often associated with poverty.

The stereotype of those in poverty in our society is of persons from families locked in a cycle of deprivation and lack of opportunity, generation after generation. This situation is manifested in their life styles and values, their lack of participation in, and alienation from, major institutions (e.g., schools), their lack of marketable skills, and their inability to enter the competitive mainstream of American life. A small proportion of foster grandparents, not more than 20 percent, appeared to have some of the characteristics of this group.

1/ The data in this chapter are based on nondirective focused depth interviews with a random probability sample of 269 or 56 percent of all foster grandparents employed in the ten projects. As shown in Appendix A the sample is extremely reliable and representative of all foster grandparents.

Clearly, the aged as represented in this study should be considered as a special subgroup among the poor.

They could, as a group, be considered to be employable. Their stability, independence, motivations, previous work experience and educational attainment were all factors contributing to their employability. However, job opportunities were not available. Their age, in an employment market that has increasingly had less room for older people, was their major barrier. Even so, four out of ten were actively seeking work when they learned of the Foster Grandparent Program.[2/]

At the time they came into the program, they were almost lost from view, unserved by society and unable to serve it. This was attributable to lack of opportunity. They had retained a measure of dignity and were anxious to achieve new self-esteem through helping others. Their potential was not being utilized. The Foster Grandparent Program successfully demonstrated the possibility of creating highly useful, productive and satisfying employment for aged persons in appropriate community service roles.

The median age for all foster grandparents was 68 years, and almost one-third were 70 years of age or older. Of all foster grandparents:

... 24 percent were 60 to 65 years old
... 43 percent were 65 to 70 years old
... 25 percent were 70 to 75 years old
... 8 percent were 75 years or older

The vast majority, 83 percent, were women and only 17 percent were men. This was true in spite of the Federal guidelines which emphasized the importance of having as many men in the program as possible. However, in only two of the ten projects did the proportion of men exceed 30 percent of the total number of foster grandparents. (See Chapter VI for further discussion of problems of recruitment.)

B. Economic Characteristics and Impact

The Federal guidelines established certain income qualifications for selection of foster grandparents. To qualify as an "individual," the single person 60 or

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[2/] Almost all of these persons would be considered "retired" or "homemakers" and would not be officially in the labor force. Thus, they would not be considered as "unemployed" in official estimates of unemployment. However, the fact that they became employed when the opportunity was made available is an indication of how official unemployment figures may be misleading and understated vis-a-vis the poverty population.

over was permitted to have an annual income up to $1,800. As a member of a "couple" the allowed maximum was $3,000. Later guidelines, adopted after this study was under way, lowered these allowable maximums to $1,500 for individuals and $2,000 for couples. Two-thirds of the foster grandparents in the study qualified as individuals and one-third were in the couples category. As noted earlier Federal guidelines also required that the pay scale be $1.25 or more per hour. The actual hourly rates paid in the ten projects ranged from $1.10 to $1.77 an hour.

There is no question that the program had a major economic impact on the foster grandparents. The median annual income for individuals prior to employment was $1,224. Their median annual income after employment was $2,320, an increase of 90 percent.

For those classified as couples, the median annual income before employment was $2,472 and after employment was $3,736, an increase of 51 percent.

The change in the income of the foster grandparents is shown dramatically in Tables 1 and 2:

Table 1

Percentage Distribution of Foster Grandparents (Individuals) by Income Before and After Employment

Annual Income	Percent of Foster Grandparents Before	Percent of Foster Grandparents After [a/] [b/]
Total	100	100
None	2	0
Under $750	14	0
$750-$1249	39	2
$1250-$1799	32	11
$1800-$1999	6	10
$2000-and over	8	77

[a/] A small number of foster grandparents worked less than the prescribed twenty hours a week, and thus did not receive the full economic benefit of the program

[b/] The "after income" is a projection to 12 months of employment.

Note: Numbers and percentages of "No Answers" are excluded from tables and text throughout report. Percentages may not add to 100 percent due to rounding or multiple responses to items which were not mutually exclusive.

Table 2

Percentage Distribution of Foster Grandparents (Couples) by Income Before and After Employment

Annual Income	Percent of Foster Grandparents	
	Before	After [a] [b]
Total	100	100
None	0	0
Under $1500	12	0
$1500-$2499	41	8
$2500-$2999	34	7
$3000-$3199	9	8
$3200 and over	5	76

[a] A small number of foster grandparents worked less than the prescribed twenty hours a week, and thus did not receive the full economic benefit of the program.

[b] The "after income" is a projection to twelve months of employment

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There was some differential in the economic effects of the program on Negro and white foster grandparents. In general, white foster grandparents benefited more than Negroes. This was due largely to the fact that the proportion of Negro foster grandparents was higher in the projects that were paying the lowest salaries than in the higher-paying projects. This differential effect on white and Negro foster grandparents is shown below.

Table 3

Median Income Before and After Employment, by Race

	Median Income			
	Individuals		Couples	
Race	Before	After	Before	After
White	$1,230	$2,420	$2,440	$3,780
Negro	$1,104	$2,246	$2,472	$3,628

As significant as the gross dollar effects of the program, was the extent to which this additional income served to help the older persons, white and Negro, to deal with other problems that had plagued them. Three out of four of the foster grandparents reported that prior to coming into the program they had major problems in being able to make rent or mortgage payments, or to pay for clothing and personal needs, medical services and medicines. Sixty-eight percent reported that the increased income from employment had helped them considerably in dealing with these problems. Another 17 percent indicated the income helped to a minor extent, and 4 percent indicated that it had not helped. There were little or no differences in the pattern of Negro-white responses in this area.

At the same time, although the increased income had helped, one-third of those who reported such problems indicated that these problems still existed. It should be remembered, however, that many of the foster grandparents had only been employed three or four months, and thus the cumulative effect of their increased income had not yet been experienced. The following statement of a foster grandparent is typical of many:

> The money I'm making now means a whole lot. I was living in a sweat all the time and couldn't make ends meet. My wife had large doctor and drug bills that I'm catching up on now.

Another illustration of the effect of the program was from a host agency:

> One hospital supervisor reports that the foster grandparents are so hungry at meal-time that they often 'wolf their food.' She wonders whether this might be their only full meal in a day. She is concerned for those older persons who were not so fortunate to be assigned during meal times.

Thus, for the majority of foster grandparents, increased income became a major factor in alleviating their problems, but for a significant group these problems still persisted. One of the most frequent economic problems of the foster grandparents was the high proportion of their income that was necessary for rent or mortgage payments. The median amount paid for rent was $720 a year, and mortgage payments of home owners was $648 a year. These figures mean that well over one-half of the median income of individuals and almost one-third of the median income of couples was going for housing, before coming into the program.

The effects of the program on economically related problems of the foster grandparents are delineated in the following table:

Table 4

Percentage Distribution of Foster Grandparents by
Major Income-Related Problems and Effects of the Program

Income-Related Problems	Percent of Foster Grandparents: Problem existed prior to employment	Percent of Foster Grandparents: Employment helped considerably to alleviate problem
Rent and mortgage payments	40	78
Food	47	83
Clothing and personal needs	49	81
Medical care	40	80
Medicines and drugs	33	82

The extent to which foster grandparents had economic problems and the effects of additional income through employment in alleviating these problems calls attention to the inadequacy of existing income maintenance programs such as social security and public assistance, as illustrated in the following:

> Mrs. D. is approaching her 70th birthday. She is a widow. Her husband died several years ago. She lives in a city in the midwest, but it could be almost any city in the United States as concerns Mrs. D's situation as an 'elderly American' living on meager income. Until the Foster Grandparent Program recruited her, she had been almost forgotten by her community, left to get along as best she could on social security payments of some $110 monthly. The $55 she paid in rent each month took up half of her regular income. Although she was able to obtain extra funds through babysitting with neighbors' children, she still was hard-pressed to meet basic needs.
>
> She is reluctant to complain; but she says that paying for rent, food and clothing were problems. Her life in the community had been empty since her husband died. She sees some friends weekly at church, but no one needed her personally.
>
> The Foster Grandparent Program has made a great difference in Mrs. D's life. The community called upon her. Her morale has improved. Her economic situation also improved. Her sense of usefulness has grown tremendously. She has far less worries

> over meeting the rent and buying food. She 'treats' herself now and then to a new dress, or to the pleasures of giving gifts to her own grandchildren and to her foster grandchild. She has paid off some debts and she is putting aside some of her earnings for contingencies.

As seen below, most foster grandparents were receiving benefits from a number of income maintenance programs when they became employed. In spite of this and the fact that almost all were receiving social security benefits, they still had major income maintenance problems.

Table 5

Percentage Distribution of Foster Grandparents by Sources of Income

Sources of Income	Percent
Social Security Benefits (OASDI)	90
Pensions and/or Annuities	20
Employment (non-FGP)	15
Savings	15
Relatives	14
Public Assistance	10
Investments, rent, etc.	6
Veterans Assistance or Benefits	5

It is commendable that in setting up the Foster Grandparent Program steps were taken to assure that the increased income from this employment would not reduce the amounts received by public assistance recipients; the first $80 a month earned would not be considered in computing public assistance grants. However, as seen in the preceding table only 10 percent of the foster grandparents were receiving public assistance, and the majority of these were in two of the ten communities. In view of the fact that 50 percent of the individuals had incomes under $1,224 a year and 50 percent of the couples had incomes under $2,320 a year, it can be assumed that many more than 10 percent were eligible for public assistance, but either had not applied, had been rejected, or had encountered other barriers. On the other hand, the fact that 90 percent were receiving some social security benefits calls attention both to the wide coverage provided by this income maintenance program and the inadequate amount of its benefits.

C. Employability

Almost one-half of the foster grandparents, 42 percent, reported that they were actively seeking other work when they applied to become foster grandparents. This was true even though many also considered themselves "retired." The majority of those who were actively seeking work reported that in spite of their efforts they simply could not find employment, usually because of their age and sometimes because they lacked needed skills.

Yet the foster grandparents were an employable group on the basis of their previous work experience, education, life experience, and health. In today's job market, however, their age, and for some, their lack of the kinds of skills needed, were serious barriers. While they were generally well suited for human service roles, there were limited employment opportunities in human services open to them. The Foster Grandparent Program was particularly well-suited to attract this group of potential employees, and as a group the foster grandparents were well-suited for the program.

Almost one-half, 42 percent, had previous experience as either paid or volunteer workers in jobs in the health, social service, education, welfare or recreation fields. For many of these, then, the Foster Grandparent Program was directly related to their previous service experience.

Educationally, they represented at least an average American group, and actually may have been somewhat above average for their generation; certainly they were above the poverty population in general. The median number of years of formal education was nine. More than one out of ten had some college education. Interestingly, there was no significant difference in educational attainment between the Negro and white foster grandparents. In addition to their educational backgrounds, almost 30 percent also had had specialized vocational training of various kinds.

Table 6

Distribution of Foster Grandparents
by Educational Attainment

Highest Grade of School Completed	Foster Grandparents Number	Foster Grandparents Percent
Total	269	100
None	1	a/
1 through 8	119	44
9 through 12	119	44
13 or more	30	11

a/ Less than one percent.

In general, the foster grandparents were in good health. Almost all had been given a physical examination before starting work, and presumably any with serious health conditions had been screened out. While 28 percent had physical handicaps of one kind or another, vision, hearing, artificial limbs, a very small group of nineteen grandparents reported that their health problems limited their work assignments in the program.

Almost all, 86 percent, had previously worked, and one-half had been working within the past five years. Those who had never worked were women who had been housewives.

As would be expected, there were significant differences between the occupational backgrounds of Negro and white foster grandparents. A large proportion of Negroes had been private household and service workers, while a higher proportion of white foster grandparents were in the clerical and sales group.

Table 7

Percentage Distribution of Foster Grandparents
by Race and Previous Chief Occupation

		Race	
Previous Chief Occupation	Total	White	Nonwhite
Total number	(268)	(191)	(77)
Total percent	100	100	100
Professional, technical and kindred workers	13	12	14
Farmers and farm managers	3	4	0
Managers, officials and proprietors, except farm	3	4	1
Clerical, sales and kindred workers	18	24	5
Craftsmen, foremen and kindred workers	6	5	5
Operatives and kindred workers	16	15	18
Private household workers	8	3	20
Service workers, except private household	18	15	25
Farm laborers and foremen	a/	a/	0
Laborers, nonfarm	a/	a/	0
Never worked (all women)	14	16	10

a/ Less than one percent.

That this group was typical of middle-class patterns was also illustrated in the fact that their children were moving upward in socio-economic position, at least as reflected by occupations. For example, the chief occupation of 19 percent of the foster grandparents was in professional, technical or managerial work. However, 40 percent of their eldest children were employed in these higher ranking occupational groups. Twenty percent of the Negro foster grandparents had been private household workers; only two percent of their children followed this occupation.

Information obtained on the highest annual income ever earned in the past by foster grandparents supports the impression that most of the group had moderate economic success during their periods of employment. Estimates were made by over 80 percent of all individuals and couples on the highest income they had ever earned; the medians of these were as follows:

		Total	White	Nonwhite
Individuals	-	$3,000	$3,000	$3,000
Couples	-	$5,000	$5,000	$5,000

For comparison, the median income for the United States as a whole in 1950, when most of these older persons might be presumed to have been in middle-productive years of life, was $2,831 for employed civilian males and $1,559 for employed civilian females.[3/]

D. Social Characteristics and Impact

Almost all, 93 percent, of the foster grandparents reported that they felt more useful since they became employed in the program. At the same time, only a small proportion indicated that employment in the program had significantly changed their social relationships outside the program. As a matter of fact, while some 3 percent reported increasing participation in social organizations, e.g., church groups, four times as many or 12 percent reported less participation in outside organizations. This was due primarily to the fact that they had less free time. In some cases where foster grandparents worked on Sundays they expressed strong feelings regarding the way this interfered with their going to church. Similarly, for over 90 percent, the program had not led to any changes in their family relationships or outside activities, e.g., hobbies, interests or friendships. These results were not surprising, however, in view of the fact that the foster grandparents were a socially competent and stable group to begin with.

[3/] The U.S. Book of Facts, Statistics and Information for 1966 (New York: Pocket Books, Inc., 1965), p. 348.

The social-psychological picture of the foster grandparents is of a group of people who, although often lonely in the past, had not been recluses resigned to sitting in a rocking chair. Many had broad interests, continuing family and other social relationships, and were alert and ready to be called upon by their community. Although unutilized, they had not stagnated and had retained their potentials as human-service resources. At least this seemed to typify those who passed through the screening process and entered the program. They had not lost a looked-for spark of vitality and interest.

They were very much a family-and child-oriented group. Evidence of this orientation shows up in a number of factors. As shown below, nine out of ten had been married, and one-third of these were still living with their spouse, and almost one-half were widowed.

Table 8

Percentage Distribution of Foster Grandparents
by Marital Status and Race

		Race	
Marital Status	Total	White	Nonwhite
Total number	(268)	(191)	(77)
Total percent	100	100	100
Married, living with spouse	34	35	33
Widowed	48	50	40
Single, never married	6	6	7
Other, separated, divorced, etc.	13	10	21

Eighty-six percent had raised families and 78 percent had grandchildren of their own. In addition, their family-child orientation was further reflected in the fact that they had large families. Of those who had children, one-half had three or more children. Of those who had grandchildren, almost 30 percent had ten or more grandchildren.

There was considerable evidence that this was a socially and geographically stable group. Their independence was clearly indicated in that the great majority, 86 percent, maintained their own households, and only 14 percent were living with friends or relatives. They were long-term residents of their areas: 83 percent had lived in the same state for twenty years or more.

For most, the chief reason for applying to become foster grandparents was to increase their income. However, a substantial proportion, 43 percent, had other primary motivations, such as wanting to help children and to be useful. Of all foster grandparents, the principal reason they applied to the program was:

...to increase income, 57 percent
...to help children, 23 percent
...to do something useful, 9 percent
...to be more active, 7 percent
...other reasons, e.g., to make friends, 6 percent

Regardless of their initial motivation, the feeling of renewed social usefulness and meaningful activity became, along with increased income, the major effects of the program as illustrated in the following statement of a foster grandfather:

> After working years in various jobs, I was looking forward to retirement--taking it easy, reading, and just plain loafing. Came the day, I took a few trips, visited friends and relatives, sitting, etc. After doing all the things I had planned, days began to get a little long. A full day's work seemed difficult for me to attempt and part-time work impossible to find.
>
> Why did I apply for this job? I wasn't thinking how much good I could do for these children, but how much extra money I could earn since retirement income is very limited. Since hired, working with handicapped children, my days have grown shorter, I have a new purpose and the much needed income for living is coming in. But best of all, I feel needed again.

A foster grandmother from the same project, where the work is with the mentally retarded, expressed her motivations:

> I was finding it difficult to live on my income from social security and at my age it is next to impossible to find work. The days of a retired person are long days. My work as a foster grandparent has made those days shorter, has given me the added income so necessary to live without worry, but best of all has given me insight into the life of a retarded child.

Thus, nonmonetary satisfactions strongly influenced their reactions to the program. In reporting what gave them the most satisfaction in the program, foster grandparents listed:

...the children (80 percent)
...the salary and employment (28 percent)
...learning and using new skills (20 percent)
...social contacts with other adults (19 percent)

E. Physical Health

Other major effects of the program were changes in the health of the foster grandparents, frequently a feeling of increased energy. Some physicians of individual foster grandparents saw improvements in the health of these elderly patients, and in a number of cases doctors had advised in favor of participation for reasons of health. A foster grandmother in one project, who had suddenly lost her husband, recently said: "I called my doctor, asking him about the program, and he said definitely it would be the best thing for me." Another widow, age 65, reported: "Last week, I went to the doctor for a check-up and he said my health is the best it has been in five years." Still another (age 70): "I feel a lot better physically and my doctor thinks I'm better, too. I had a bad heart attack in November 1964. My doctor says this work has done me good."

Federal program guidelines called for potential foster grandparents to receive a physical examination. Ninety-two percent received such an examination. Of the large number of applicants, presumably a number were screened out for health reasons. Those who were employed, therefore, were relatively free of major health problems. Among those employed, only 6 percent had health problems called to their attention in the examination and 82 percent of these persons stated that the problems were now being treated. It should be emphasized that physicals given for the program were for purposes of determining qualification for foster grandparent employment. This was not seen as an opportunity to truly assess overall personal health care needs of this elderly population group. None of the foster grandparents that were selected reported being in poor health, although two out of ten reported being in "fair" rather than "good" health. About one-fourth mentioned physical handicaps, but only 7 percent reported having handicaps or health problems which to any degree limited their work in the program.

Almost all the foster grandparents who reported changes in health due to the program stated these changes were beneficial. Changes for the better in the various areas were reported with the following frequencies:

...Sleep, 26 percent
...Appetite, 26 percent
...Digestion, 13 percent
...Energy, 37 percent

In spite of the often tiring activities and the new routines of commuting, working and meeting time schedules, only 5 percent of the foster grandparents reported health problems that had been aggravated by work in the program.

V. THE CHILDREN: CHARACTERISTICS AND IMPACT

A. Introduction

The Foster Grandparent Program has demonstrably improved the social, physical and emotional functioning of the children in institutions who received this care. While it was not possible within the scope of this study to ascertain the long-term effects of the program on children, the available short-term evidence clearly shows positive and sometimes dramatic impact on the vast majority of children.

For example, the program was reported to have had a positive effect on 70 percent of the children receiving foster grandparent care. Of all children studied, it was reported that:

...56 percent showed improved social behavior
...52 percent showed improved emotional behavior
...38 percent showed improvement in health and physical condition.

In most cases the children who were assigned foster grandparents were very young; 60 percent were 5 years of age or under. They were predominantly white--62 percent. While the majority appeared to be from families in the lower socio-economic group, they were not necessarily all from families in poverty.

These children were in hospitals, institutions for the retarded and emotionally disturbed and institutions for dependent and neglected children. Most of them were seriously deprived, emotionally and socially, and many--72 percent--had serious emotional and health problems.

Based on short-term findings, foster grandparent care appears to have great potential as a new, viable, and important service in overcoming deprivation, improving behavior and health, and in reducing some of the social and psychological shortcomings of the institutional setting for children.

In view of the objective of the Foster Grandparent Program--to provide affectionate care and attention to emotionally and socially deprived children in institutions--the Federal guideline that these children must also come from families living in poverty is neither appropriate nor consistent with the basic purposes of the program. The Foster Grandparent Program's relationship to reducing poverty should be primarily in connection with the aged living in poverty, and as shown in this study it is effective in this respect. To require that the grandparent work with a child whose family is poor makes little sense since all children in institutional settings are subject to emotional and social deprivation, regardless of their families' financial circumstances. Therefore, the criteria for assignment to children should be related to the child's social, physical and emotional need, not his income. (This is discussed more fully in Chapter VII, Program Administration and Operations.) Furthermore, if the program is to serve primarily poor children, it will be necessary to concentrate more on institutions for dependent and neglected children and less on institutions for the retarded; institutions for the retarded have significant numbers of nonpoor children. Such a strategy would make little sense, however, in view of the need of retarded children for foster grandparent care and the positive effect such care has in this setting.

While short-term effects on children are generally positive, there are two areas with which future program planning should be concerned. One is the need to prepare children and foster grandparents for the time when they are to be separated so as to reduce the negative effects of such separation. The other is to more adequately plan to handle the needs of children in the same institution who are not assigned foster grandparents but who need, and in some cases were reaching for attention from, foster grandparents.

A major difficulty encountered in carrying out this evaluation was the unavailability of data from agency records that would reveal the problems of these children and the impact of foster grandparent care in ameliorating these problems. It is essential, as the program continues and is expanded, that specially devised record systems be introduced so that accurate and meaningful information of this kind is recorded and reported. (See Chapter II.) Without such systems it will be impossible to know the continuing effects of the program--positive or negative--on the children involved.

The data reported in this chapter are based on a representative sample of 369 of the children.[1] At the time of the study a total of 907 children were reported to have received foster grandparent care for two weeks or more since the program began in the institutions in the study.[2/]

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[1] The design called for a 50 percent probability sample; however, in one community it was only possible to obtain data on fifteen out of 206 children. Hence, the sample was reduced from 453 to 369. A check of the characteristics of the sample against the total child population shows it to be highly reliable, as reported in Appendix A.

B. Child Care Settings

Of the children who were included in the study:

...25 percent were in ten general and special hospitals
...41 percent were in seven institutions for the retarded
...28 percent were in fifteen institutions for dependent and neglected[3/]
... 6 percent were in one institution for the emotionally disturbed

Foster grandparent care was utilized with children who had been institutionalized for various lengths of time--many for a considerable length of time. One-half had been in the present institution more than a year, and almost 20 percent more than three years, as shown below.

Table 9

Percentage Distribution of Children by Type of Institution
and Length of Time in Present Institution

Time in Institution	Total	Type of Institution Hospital	Mentally Retarded[b/]	Dependent & Neglected	Emotionally Disturbed
Total number	(321)	(77)	(151)	(73)	(20)
Total percent	100	100	100	100	100
Less than 1 month	12	43	0	8	0
1 to 6 months	30	53	9	55	10
7 to 11 months	10	3	11	11	25
12 to 36 months	29	0	42	22	60
37 to 96 months	19	1	37	4	5

b/ Includes one noninstitutional setting.

2/ Since a principal purpose of the study was to ascertain the impact of the program on children, it was designed to exclude children who had less than two weeks of care since such time was not sufficient for the care to have had ascertainable effects. It should be recognized that many children in hospitals received foster grandparent care for less than two weeks, often for only one or two days. In general, only about 25 percent of children in hospitals had received foster grandparent care for more than two weeks. For example, in one community in which all foster grandparents were placed in hospitals only fifty-four out of 234 children received foster grandparent care two weeks or more. The two weeks of care qualification did not make any substantial difference in the number of children studied in institutions other than hospitals.

3/ Includes one foster home.

The social and psychological shortcomings of institutional care for most children have been well documented. The fact that so many children were in these institutions for considerable lengths of time is a further indication of their need for the kind of care offered through the Foster Grandparent Program.

C. Characteristics of the Children

1. Age and Sex

Federal guidelines for the Foster Grandparent Program initially specified that care be given to the very young, only up to 5 years of age. Some exceptions were to be made to serve older children with low mental age in institutions for the mentally retarded. In addition, a major exception permitted experimentation in the use of foster grandparents with emotionally disturbed teen-agers in one setting. However, the study findings on age show that others beyond age 5 also were served in hospitals and in institutions for the dependent and neglected. In all, four out of ten children were over 5 years of age. The average age of all the children studied was 6.4 years and the median age was just under 5.

Average ages of children in the four types of settings were:

... 3.3 years in hospitals
... 8.3 years in institutions for mentally retarded
... 3.1 years in institutions for dependent and neglected
...15.4 years in the institution for emotionally disturbed

Table 10 shows the age distribution of children receiving foster grandparent care by types of institutional settings.

Table 10

Percentage Distribution of Children
by Type of Institution and Age Group

		Type of Institution			
Age Group	Total	Hospital	Mentally Retarded	Dependent & Neglected	Emotionally Disturbed
Total number	(364)	(89)	(151)	(103)	(21)
Total percent	100	100	100	100	100
Less than 1 year	8	24	0	9	0
1 to 5 years	52	63	31	82	0
6 to 9 years	21	11	36	9	0
10 to 12 years	7	2	14	0	5
13 years and over	13	0	19	0	95

For all types of institutions, somewhat more boys (56 percent) than girls

(44 percent) were served by the program as shown below:

Table 11

Percentage Distribution of Children
by Type of Institution and Sex

Sex	Total	Type of Institution Hospital	Mentally Retarded	Dependent & Neglected	Emotionally Distrubed
Total number	(369)	(91)	(152)	(105)	(21)
Total percent	100	100	100	100	100
Male	56	54	55	59	57
Female	44	46	45	41	43

2. Race and Religion

Racially, the children were 62 percent white, 30 percent Negro and 9 percent other. This was similar to the racial distribution of the foster grandparents, except that more children fell into the category of "other races." Table 12 shows the racial distribution of the children by types of institutions. Nonwhite children were being served mostly in hospitals and institutions for dependent and neglected children. In institutions for the mentally retarded and emotionally disturbed, the children served were primarily white. In four of the ten projects there were much higher proportions of nonwhites in their child care populations than in their foster grandparent populations.

Table 12

Percentage Distribution of Children
by Type of Institution and Race

Race	Total	Type of Institution Hospital	Mentally Retarded	Dependent & Neglected	Emotionaly Disturbed
Total number	(369)	(91)	(152)	(105)	(21)
Total percent	100	100	100	100	100
White	62	30	93	40	90
Negro	30	56	6	48	0
Other [a]	8	14	1	12	10

[a] The determination of those falling into the "other" category was left to the local agencies reporting, and included: Puerto Ricans, Latin-Americans, Mexican-Americans, Orientals and Filipinos.

One-third of all children served were Catholic. In the two projects that had only Catholic sponsoring agencies and Catholic host agencies, 77 percent and 71 percent of the children served were Catholic.

Table 13

Percentage Distribution of Children by Type of Institution and Religion

Religion	Total	Type of Institution Hospital	Mentally Retarded	Dependent & Neglected	Emotionally Disturbed
Total number	(367)	(90)	(152)	(104)	(21)
Total percent	100	100	100	100	100
None recorded	10	31	4	2	0
Catholic	33	17	30	44	71
Protestant	56	51	65	51	29
Jewish	1	1	1	1	0
Other	a/	0	0	1	0

a/ Less than 1 percent.

D. Family Background of the Children

1. Socio-economic

In order to ascertain the extent to which the children were from families living in poverty, the possibility of obtaining information on family income was explored. Because it was found that such information was not readily available in most agencies, other indicators of lower socio-economic status, education and occupation, were utilized.

Overall, more than one-half of the children had parents with more than an eighth-grade education, as seen in Table 14.

It is interesting to note that the educational backgrounds of the parents vary considerably according to the type of institution. Those in institutions for the mentally retarded and hospitals had a much higher proportion of parents with some college, while those in institutions for the dependent and neglected had a higher proportion of parents with less than an eighth-grade education. To the extent that education is correlated with family income it may be inferred that: a) a significant proportion of the children served were not from poverty families, and b) the institutions for dependent and neglected had more children from poverty families who were assigned foster grandparents than the other settings.

Table 14

Percentage Distribution of Children by Type of Institution and Educational Attainment of Parents

			Type of Institution							
Highest Grade Completed	Total		Hospital		Mentally Retarded		Dependent & Neglected		Emotionally Disturbed	
	Mother	Father	M	F	M	F	M	F	M	F
Total number	(186)	(163)	(17)	(16)	(135)	(127)	(29)	(17)	(5)	(2)
Total percent	100	100	100	100	100	100	100	100	100	100
1 to 8 grades	22	18	24	12	16	16	48	41	20	0
9 to 12 grades	63	55	70	62	64	53	52	53	80	100
13 to 15 grades	10	12	0	12	13	12	0	6	0	0
16 grades and over	5	15	6	12	7	18	0	0	0	0

The conclusion regarding the significant proportion of nonpoor children served is further borne out by data on the occupation of fathers of 197 children for whom such information could be obtained: This showed that 29 percent were in higher socio-economic occupations--professionals, managers or craftsmen.

Table 15

Percentage Distribution of Children by Occupation of Parents

Occupations	Fathers	Mothers
Total number	(197)	(63)
Total percent	100	100
Professionals	10	19
Farmers	6	0
Managers	10	0
Clerical	7	25
Craftsmen	9	2
Operatives	21	0
Private household, service	28	32
Farm laborers	8	22
Other laborers	1	0

2. Parental Relationships

The majority of children, except those in institutions for dependent and neglected children, came from homes where both parents were present as shown in Table 16.

Table 16

Percentage Distribution of Children by Type of Institution and Marital Status of Parents

Marital Status	Total	Type of Institution Hospital	 Mentally Retarded	 Dependent & Neglected	 Emotionally Disturbed
Total number	(368)	(91)	(152)	(104)	(21)
Total percent a/	100	100	100	100	100
Married and/or living together	55	57	80	18	52
Separated	9	15	3	14	5
Divorced	4	2	1	6	14
Never married	8	10	8	8	5
Deserted	2	0	a/	6	5
Deceased	4	1	5	3	14

a/ Less than 1 percent.

An indication of the children's need for the kind of love and attention that foster grandparents can give is revealed by the pattern of parental visiting. While most children (78 percent) were visited sometimes by their parents, only 47 percent were visited regularly--and one out of five were never visited. This is shown in Table 17. In the case of 31 percent of the children it was known by the agencies that the child had a living natural grandparent, but one-half of these children were never visited by their own grandparent.

Table 17

Percentage Distribution of Children by Type of Institution and Parental Visiting Patterns

Visiting Patterns	Total	Type of Institution Hospital	 Mentally Retarded	 Dependent & Neglected	 Emotionally Disturbed
Total number	(275)	(77)	(109)	(69)	(20)
Total percent	100	100	100	100	100
Regular	47	64	37	48	35
Sporadic	32	27	36	27	40
Never	21	9	27	25	25

Based on these figures and on the observations of agency staffs there was little evidence, if any, of conflict between the role of the foster grandparents and the role of the parents or natural grandparents in the lives of most of these children. As a matter of fact, in a number of cases the foster grandparent care seemed to improve parental relationships. As children's behavior improved, their parents found visiting and doing things with them easier, as illustrated by the following case:

> At the time of the foster grandparent study, Johana was 14 years old and had received foster grandparent care for five months. She had been in residential care for three years because of her parents' inability to give her the constant supervision she required. All local day care facilities had been exhausted by the family. At the time of placement Johana was noted to be severely retarded and to suffer also from flat-foot deformity, muscle imbalance and hypo-thyroidism. She was given to unpredictable outbursts of rage, in the course of which she kicked and lashed out at other persons, and to fitful bouts of screaming and weeping. This behavior continued in the cottage and in her contacts with her parents during their intermittent visits to the institution and her less frequent home visits.
>
> Since receiving foster grandparent care the parents have noted a change for the better in her behavior with them, which has made it possible for them to enjoy their time with Johana much more than before. Johana, in turn, seems to derive more satisfaction from these contacts with her family, and the cottage staff have noted that she is in a better mood and better behaved for longer periods of time after such contacts. The parents have indicated to the social worker that whereas they used to dread visits to their daughter, now they look forward to them as experiences of genuine meaning for them and their daughter which they enjoy.

E. Problems and Needs of Children

A further indication of the deprivation of the children involved and their need for the program is revealed by the extent to which these children have been seriously damaged, physically and emotionally. Over all, 72 percent of all children were reported to have serious emotional or physical problems, as shown in Table 18.

Table 18

Distribution of Children with Serious Emotional or Physical Problems by Type of Institution

Emotional or Physical Problems	Total	Type of Institution			
		Hospital	Mentally Retarded	Dependent & Neglected	Emotionally Disturbed
Total number	(369)	(91)	(152)	(105)	(21)
Number with problems	265	65	133	45	21
Percent with problems	72	71	87	43	100

The problems of these children covered such a wide range and were so severe and complex, that it would take many pages to describe them. Among the most dramatic cases were children in hospitals whose bodies were burned in accidents, children physically abused by their parents, children with congenital heart and other diseases, children who would not talk, and children so emotionally battered they would not eat and were literally starving themselves to death. Equally touching were the dependent and neglected children, so needful of adult affection that they would run to be held in the lap of any person who came nearby, or the seriously retarded youngsters, often unable to control their bodily functions and lacking the ability to comprehend the world about them to the point where they were frequently seen scratched and bleeding from self-inflicted wounds.

F. Impact of Foster Grandparent Care on Children

The Foster Grandparent Program has had a major impact on the behavior, health and functioning of the children who received this care.4/

Based on professional observations it was reported that of the children served, 70 percent showed some physical, social and emotional improvement, and in more than 90 percent of the cases this improvement was attributed in part to foster grandparent care. Among all children:

4/ It is important to note the limitations of the data in this respect. Information on impact on each child was obtained from a variety of sources: agency records, reports of agency social workers, nurses and physicians, foster grandparent project staff and observations of the study staff. As such, it represents expert judgments rather than clinical or experimental evidence. In obtaining these data, a conservative approach was taken by the study staff, and the professional personnel from whom judgments were sought were similarly conservative in their assessments.

...52 percent showed improvement in emotional behavior, such as attentiveness, crying, laughing, temper tantrums, etc.

...56 percent showed improvement in social behavior, including activities and relationships with peers and adults.

...38 percent showed improvements in their physical health and in eating and sleeping.

...38 percent showed improvements in their physical mobility, motor skills, self-care, etc.

The table below summarizes these observations:

Table 19

Percentage Distribution of Children
by Changes in Behavior

Changes	Behavioral Area Mobility & Self-Care	Health	Emotional	Socialization
Total number	(304)	(309)	(315)	(302)
Total percent	100	100	100	100
Improvement	38	38	52	56
Regression	2	1	2	1
No change	60	61	46	43

With the exception of the one institution for emotionally disturbed children, the program had a major impact in all of the settings. In hospitals 72 percent of the children showed improvement, in institutions for the retarded 74 percent, and in institutions for dependent and neglected 75 percent showed improvement. Only 19 percent of the children in the institution for teen-age emotionally disturbed children were reported to have benefited as a direct result of the program; it should be noted that the intensity and complexity of the problems of these children make documentation of improvement especially difficult.

One of the general benefits of the program is that the presence of the foster grandparent can facilitate the adjustment of the child to the institutional setting. The following case from a hospital pediatric ward illustrates this:

> When children first come to this ward, they are frequently not used to large groups of children and may be quite fearful of peer group associations. Karen was one of these and for a long time stayed by herself in a corner. As she observed the foster

> grandmother playing with the other children, she gradually began to edge closer to her and finally was up on her knee. The grandmother was able to give her enough warmth and support and help in activities, such as cutting out animals and coloring, that she gradually became able to join in the play with the other children. Because of staff limitations, this kind of direct attention to children's needs is seldom possible, and the foster grandparent can play an important role in helping children overcome their initial fear and estrangement on a large ward such as this.

In contrast, foster grandparent care was also being used as a highly individualized part of the treatment regime for children with serious emotional and health problems. One example was a three-year-old girl whose speech was severely hampered because her jaw was partially paralyzed. She was receiving speech therapy, but was not making much progress. After four weeks of daily contact with her foster grandmother, she began to really try to speak more and to express herself more readily.

The foster grandparent would accompany the girl to the therapist's room and would meet her after the speech therapy session. The individual attention that the foster grandparent gave to the child around pronouncing words and helping the child to form words was a great asset to the therapy. There was definite evidence that the great strides the young girl began to make were attributable to the relationship that was formed between her and her foster grandmother.

In a number of settings physicians were prescribing foster grandparent care in the same way medication and other treatment is prescribed. This is exemplified below:

> Edith, a two and one-half-year-old girl, suffered 10 percent burns and was brought in about 48 hours after the accident, after she had been seen by a local doctor. She was very ill with high fever and delirium, and in a few days after this had subsided, she continued to be ill with an undiagnosed problem with some continuing fever and increasing anemia. After the first phase of acute illness, she was also found to be in a serious depressive state and extremely withdrawn.
>
> A psychiatrist who is routinely called on for all burn patients felt that this child had serious emotional problems. The father and mother had separated and the father had taken Edith and an older child with him to live with the maternal grandmother. The mother moved away with the year-old baby.

> Edith's response, after the delirium had subsided, was to turn away from anyone who approached, making no sounds--she did not cry when she had an injection or when her arm was treated. She drew into herself so completely that the outside world seemed not to impinge on her. The psychiatrist felt that she needed one person who could offer a one-to-one relationship, and, at his request, she was assigned a foster grandparent.
>
> Mrs. P., the foster grandparent, was brought into a case conference at the doctor's request. The doctors asked what kind of response she had had, and she described quietly and softly how Edith had not responded at all for two or three days. Finally, when Mrs. P. came in one morning Edith stood up in her crib, threw her arms around Mrs. P. and broke into tears. Now she does cry when she has injections or treatment, does respond in words and will ask for things by pointing and using a few words. The first response to pain was when her arm was being treated and Mrs. P. had her arm around her and Edith bit Mrs. P. However, Mrs. P. came back to Edith as soon as she could after being treated herself in the hospital clinic so that Edith would know she loved her anyway.
>
> The physicians believe that whatever may be organically wrong with Edith, the depression that she is in would directly impede any healing process and that the care of the foster grandparent might really make the difference between Edith surviving and not surviving.

While it appears that a significantly larger proportion of Negro children were reported to have benefited positively than white children, 80 percent and 67 percent respectively, this seems to be more a function of setting and age than of race. The group in the institution for emotionally disturbed where there was little change in children's behavior was predominantly white, older children; this operated to reduce statistically the total impact for the white children as a group. In addition, the median age of Negro children was 4.0 years and of white children, 8.0 years.

Based on the observations of the study staff, it would appear that the program is most successful with younger (chronologically or mentally) children and has more limited impact on the teen-age youth, especially emotionally disturbed youngsters in this age group. Although the numbers are too small for overall statistical comparison, it should be noted that only one out of five children in the one institution for emotionally disturbed children was helped by the program, while three out of four were helped in the other institutional settings.

One area of concern that requires long-term study is the effects on the children when they are separated from their foster grandparents. Many of the children will be returning to their own homes, going to foster homes, other institutions, or other groups within the institution. The foster grandparent-child relationship is a strong and meaningful one. There undoubtedly will be major reactions on the part of children when it is severed. To handle these reactions, and reduce the trauma and negative impact of separation, will challenge the professional and human resources of all concerned. As a part of their programs, institutions should be consciously planning and preparing children and foster grandparents for their eventual separation.

During the course of this evaluation the effects of such separations were already becoming apparent. For example, it was observed that children regressed in their behavior when they were transferred to other parts of an institution where they no longer received foster grandparent care. Similarly, on weekends and other times when a foster grandparent did not appear, many children were obviously upset. There are many unknown dimensions to the foster grandparent-child transaction. What is known is that it does represent a deep and meaningful set of interactions. The following case provides some indication of the consequences of separation.

> A four-year-old boy in a home for dependent and neglected children was assigned a foster grandfather in order to help bring about an improvement in the boy's social relationships with the other children in the institution. This youngster was very difficult to manage and control. In the beginning his overt disruptive behavior persisted, and he refused to show any positive feelings for the foster grandfather. During the weeks that followed the foster grandfather took the youngster for walks around the grounds and began to show the boy a sincere interest and concern for him. The youngster who had not showed any enthusiasm in anything began to look forward to the morning hour when his foster grandfather would arrive. He would outwardly express his pleasure to the other children in the dormitory, and he began to form more meaningful relationships with the other children. After the grandfather would leave the youngster would tell the other children all the wonderful and exciting things that he did with his 'foster granddaddy.' There was a noticeable improvement in the boy's behavior and adjustment to the institutional setting.
>
> Six weeks after continual daily contact with the youngster the foster grandparent was hospitalized for three weeks. During

> this time the youngster showed a definite regression, began to exhibit his previous behavioral patterns, and at times appeared more disturbed and upset than ever before. He was reassured that his foster grandfather was planning to return in the near future. However, the child did not accept this separation.
>
> Upon his release from the hospital the foster grandfather was told that he could not assume the full responsibilities and duties of his job. The foster grandparent found this very upsetting since he had missed the boy just as much as the boy missed him. The foster grandparent shared this information with the supervisor and it was agreed that he could come to visit the boy on a weekly basis.
>
> Upon seeing the foster grandfather, the child 'lit up like an electric light bulb,' according to the supervisor. There was no question as to the meaningful relationship that had been established between these two. The child's behavior once again showed marked positive changes, and in addition, he was able to accept the limited visiting of the foster grandfather.

Concern was also expressed in connection with the effects on the children in an institution who are not assigned foster grandparents. It was observed, for example, that in some cases these children made demands upon foster grandparents for attention and care. Sometimes foster grandparents would spontaneously use whatever time they could to help these children and tend to their needs, particularly when overburdened institutional staff could not begin to give these children the attention they needed.

VI. CHILDREN'S INSTITUTIONS: VIABILITY AND IMPACT OF THE FOSTER GRANDPARENT ROLE

A. Introduction

The Foster Grandparent Program, for most of the thirty-two host institutions included in the study, provided a new dimension to the institutional program.[1] The Foster Grandparent Program successfully met the need that many institutions had recognized to give more personalized attention and affection to children. It added a unique new role, and for many institutions it represented a new approach in programming and staffing. For others it represented an extension of their attempts through volunteers or other means to meet this need. Almost all host agencies were interested in expansion of the program.

However, this did not take place without disturbing or affecting existing patterns within the institution, and the extent to which institutions were capable of dealing with these changes varied considerably. This study, of course, was conducted after only a few months of operating experience with the program--too soon to identify the full extent of institutional impact. Thus considerable description of situations in typical host agency settings is presented in this chapter to illustrate tentative conclusions.

In the institutions that were highly treatment-oriented, such as hospitals and some of those for the retarded, the program was frequently becoming a clearly defined, specialized and well integrated part of the total program. In other institutions more custodial in nature, including a number for dependent and neglected children, the foster grandparent role was less well defined, and the program was viewed more as an opportunity to reduce the negative effects of institutionalization. In these institutions the effects of the program were upsetting normal routines, and many barriers needed to be overcome to facilitate the acceptance and successful operation of the Foster Grandparent Program. These barriers included conflicts between the custodial orientation of institutions and the service orientation of the Foster Grandparent Program, as well as negative staff attitudes, lack of physical facilities, and failure to successfully integrate the Foster Grandparent Program into the institution's ongoing program.

1/ There was one additional host agency utilizing foster grandparents in a foster home. This program was just beginning at the time of this study and could not be assessed.

Nevertheless the program was becoming recognized by almost all host institutions as a positive adjunct to their regular ongoing programs. The initial fears and reservations of some institutions were generally dispelled after experience with the program.

The foster grandparent role encompassed three broad classifications of activities in all institutional settings. Most foster grandparent time was spent in social activities, such as holding, talking and playing with individual children, in all settings except the one institution for emotionally disturbed. A second group of activities involved personal care of children, such as bathing, dressing, feeding, etc., and were emphasized more frequently in the institutions for neglected and dependent than in others. The third group of activities were of a housekeeping nature, such as washing clothes, cleaning and tidying rooms, sewing and mending. These were also more frequent in institutions for dependent and neglected children than in other types.

The program had a positive impact on the children in all settings. The foster grandparent-child relationship was maintained regardless of the different kinds of activities that were performed by the foster grandparents, and in spite of the reactions of the institutional staff.

In some cases the program was causing host agencies to re-examine their programs, but the results of such re-examination on program planning were often not yet apparent. Some institutions not geared to systematic program planning or development seemed to be in need of help in this respect. Unfortunately, neither the sponsoring agencies nor the Federal field personnel were, at the time of the study, giving the attention or help that was required.

To preserve the unique values of the program it will be necessary for the foster grandparent role to be preserved as a very special one and for it to be utilized as such within the context of the total institutional program. It should neither be so separate that it functions unrelated to other aspects of the institution's program, nor so integrated that it loses its uniqueness and represents just one more person to carry out regular institutional routines. To further this, sponsoring agencies should have clear responsibility for assisting host agencies in maintaining the Foster Grandparent Program in this kind of balanced position.

B. General and Special Hospitals

In most hospital settings, priority was given to assigning foster grandparents to children who showed evidence of deprivation, to the longer-term cases, especially those with burns, and to those requiring constant medication. The foster grandparent role was usually well assimilated into the hospital system where planning for the project had involved relevant hospital staff personnel.

In some hospitals, differences were detected in staff acceptance and understanding depending on staff level. For example, nurses aides were less likely to understand what the foster grandparents were supposed to do and accept the fact that they were not merely to help the aides with their duties. In part these problems can be attributed to inadequate orientation and preparation of host agency staff for the program.

Professional staff roles of nurses were unthreatened by foster grandparents. These staff members shared a deep concern for the health of the child, and they recognized that they could not meet the needs of many children for a close, personal relationship with an adult. For example, a head nurse observed, "We find the children respond much better to the foster grandmothers than they do sometimes to the nursing staff, and it comes mostly from the child's fear of a person in white and their reaction to hospitalization." The initial fears of some nurses that the foster grandparents would "be in the way" were soon overcome.

Perhaps the greatest impact was on the physicians. In a number of cases the physicians considered foster grandparent care as one important element in the child's treatment. Physicians were "prescribing" such care, and many commented that it had greatly facilitated children's recovery. In more than one case it was felt that it contributed to saving a child's life.

There was no apparent conflict between the foster grandparent and the volunteer programs within the hospitals. A pediatric supervisor in a western hospital commented, "I think that if you think of older people volunteering, this is fine...but there is something about this earning their living and feeling that they are productive that makes it more valuable than a volunteer group."

In general the foster grandparent in the hospital setting was highly valued for the important services added to the child care and treatment goals of the hospital. This was especially true where conscious effort had been made to integrate them into the total program of services and to strengthen the identification of the foster grandparents with the institution. One hospital insisted that the foster grandparents be paid in the regular manner through the bookkeeping department of the hospital. The rationale for this,as explained by the personnel director, was to make the foster grandparents feel they were part of the "team effort" and to give them a sense of identification with the hospital. Similar attitudes prevailed where administrative staff were kept aware of the program. Where they were not, they were less enthusiastic and supportive.

C. Institutions for the Mentally Retarded

The program orientation of the institutions for the retarded range from highly specialized treatment resources to institutions which were primarily custodial in nature.

In the treatment-oriented centers the physicians and other professional staff welcomed an opportunity to experiment with this new resource for serving their goal of developing the mentally retarded child to his highest capabilities. They, as many others, had initially seen the program as an opportunity to obtain badly needed additional staff. In one such institution the service was incorporated into a treatment project headed by a psychiatrist, with the foster grandparents integrated as members of a multidisciplinary treatment team. In light of the program's success, this institution reported that it would consider the foster grandparent service as a necessary requisite in developing staffing plans for the future. The program was described as follows:

> Each child in the project is developing his own individual characteristics in his manner of relating with his foster grandparents. This process of individuation is quite a change, since the children in an institution tend to be treated as a group entity in a cottage or dorm. The fact that each child learns to anticipate an arrival of his foster grandparent and to suffer the pain of separation upon the foster grandparent's departure will also help the child in developing more clear-cut process of individuation. The return of his foster grandparent the following day will certainly contribute in helping the child to develop healthier psychic structure by being reassured of his relatedness to his foster grandparents.

The foster grandparents were clearly occupying a unique role in the institution's programs and in the lives of the children. Although assignments were on a one-to-one basis, foster grandparents found it hard to be exclusive and often spread their personalized attention among other children who tried by various means to gain the attention of the foster grandparents.

In another mental retardation setting foster grandparents were assigned to the blind and retarded, some of whom were autistic and had never spoken. As these children became more responsive and active, the staff of this institution was increasingly enthusiastic about the value of the program.

The general approach at most institutions for the mentally retarded was to use foster grandparents to achieve some degree of increased responsiveness, functioning and socialization in the retarded. The more sophisticated settings expressed a philosophy that every child can be reached by some treatment tool, and the foster grandparent service was often found to be a new tool.

The foster grandparents were not perceived as replacing either staff or volunteers. At one institution a staff supervisor commented that volunteers often made one visit and turned away with some revulsion at the scenes they encountered. Foster grandparents, however, were making remarkable adjustments to these settings, often manifesting a devotion to "their children" that evoked admiring comments from staff.

Lack of enthusiasm for the program was more frequent among less professionally trained staff, with those least informed about the project, and in institutions with a custodial rather than a treatment orientation. But even here the program was having some impact. For example, one small institution had operated basically on a custodial philosophy, with the children being washed, kept clean and fed. No attempt was made to develop self-care skills or to teach the children. The child care staff of nonprofessional persons were somewhat concerned about the sudden appearance of the foster grandparents whom they felt to be a threat to their jobs. The work of the foster grandparents also resulted in some disruptions of regular routines. The grandparents went beyond changing and feeding the children to activities which involved teaching them to talk, walk and play. The children were so used to being penned up that they panicked when first removed from their enclosures, and lay down on the floor in fright. Little by little, some of them learned to walk and even run. Some began to say a few words and make signs indicating awareness and intelligence. The director of this institution, who had originally accepted the project without enthusiasm, later began to point to these developments with pride, although still relatively unconvinced that any drastic or meaningful change in the children could be effected.

One school for the mentally retarded in which children are only present during the day was included in the study; it presented special problems in the integration of the foster grandparent role. Here the foster grandparents were assigned to regularly scheduled classes where they were to work with the regular teacher. Their functions, under guidance of the teachers (who had little prior preparation for the project), were largely those of teacher aides. Socialization and skill training were the major goals of the institution. The tender-loving-care aspects of foster grandparent care had to accommodate to these institutional goals and schedules. Teachers worried about "organizing class activities so as to take account of the presence of this extra person." They were exploring ways of using the foster grandparents as supports in the learning process for particular children, but claimed they often had to "screen off" the grandparents from other children who became too disruptive for the class when given foster grandparent attention. While the teachers recognized the positive results in particular children, they still complained of the frustrations brought on by this new "presence" in their classrooms.

The foster grandparent role clearly requires more specific definition as to content and the nature of the foster grandparent-child relationship in settings, such as this, that are organized primarily for instructional purposes.

D. Institutions for Dependent and Neglected Children

The role of the foster grandparent in the institutions for dependent and neglected children was primarily oriented and utilized to help overcome the negative effects of institutionalization on children.

One of the purposes of these institutions was to meet custodial needs of children, and a number of them did not have clearly defined treatment goals. Often the reasons children were in the institution were external to the child, e.g., separation of parents, rather than conditions of the physical, psychological or emotional health of the child. Nevertheless, the foster grandparent role proved viable in these settings.

The general orientation of most, but not all these institutions, was consistent with the purposes of the Foster Grandparent Program. However, there were many barriers to be overcome in these settings. The principal barriers were staff resistance, a lack of integration and individualization of the program, poor physical facilities, and the inability of institutions to cope with children's reactions to the program. Because of the nature of these institutions it was sometimes more difficult to differentiate the foster grandparent from other child care staff, e.g., cottage parents, who also had responsibilities of a general nature. In addition, there were some conflicts between the program and normal institutional routines.

In one institution the administration was unfavorable to the project since it disturbed the rigid custodial philosophy of its child care program. This institution had many relatively untrained staff who viewed the project, with its permissiveness and stimulation of the children, as disruptive of discipline and institutional routines. A staff supervisor said, "This project is just ruining everything I have spent years in building here. When our volunteers come around now, they ask me: 'What in the world has happened to your well-behaved children?' And I just feel like crying." The superintendent corroborated this impression of the project, saying, "You can't let a bunch of old ladies stimulate a group of kids like that for two hours a day and then expect one woman to calm them down and handle them the rest of the time." Many of the difficulties encountered by this institution's staff arose because the children were more active and responsive. Foster grandparents leaned heavily on their own sponsoring agency project supervisor for support in this setting. They had developed a "morale in adversity" while they persevered in performing a service in which they believed. They also obtained support for their role from a psychologist who was added to the institution staff, partly because of needs created by the innovation of the Foster Grandparent Project.

Another institution had anticipated that the foster grandparents would operate like volunteers and welcomed this as a means to provide the children with more contact with adult persons from outside the institution. However, the agency supervisor reported difficulties arising after foster grandparents left each day, because of the reactions of children who had been stimulated by love and attention. But she felt most effects were good, as did the rest of the institution staff.

In this same institution the project operated quite autonomously under the direction of the project staff who were not really a part of the institution and its normal program. Social caseworkers who were responsible for casework with the children and their parents were just beginning to consider the foster grandparent as a resource in their casework plans. Foster grandparents sought information from the caseworkers about the families and home situations of the children. However, it was not yet clear how foster grandparents related to the casework process. This need to better relate the Foster Grandparent Program to casework service was apparent in all institutions for dependent and neglected children that had such service.

In another setting with a large child care staff, it was noted that the foster grandparents had to prove their ability before they were really accepted by these workers. The cottage staff was anxious about these newcomers who performed work similar to their own work with the children. The staff supervisor noted, however, that after a few months of experience with the program the staff had come to accept the role of the foster grandparents in the institution.

Some institutions lacked the physical facilities to accommodate the individualized approach of the Foster Grandparent Program . For example, in a shelter which needed help in giving children the personal attention and emotional support they needed, the foster grandparents tried to give special individual attention to their assigned children. However, this often broke down because as soon as other children saw them, they demanded attention of the grandparent. The facilities in this institution simply did not permit the foster grandparents to go off alone with individual children.

In another setting houseparents were used to certain ways of running things and couldn't understand the individual attention aspect of the foster grandparent service. They conceived of the foster grandparents as assistant houseparents and could not understand why they didn't take care of some of the custodial duties of the home, such as cleaning the room and changing the linen. After a period of time, while residues of these feelings persisted, the houseparents had come to accept most of the program activities.

It took time for many of these institutions and their staffs to accommodate to the foster grandparents and to appreciate their service. Many of the key staff in these settings were largely concerned with orderly routine and found activities that disturbed routines disruptive. They sometimes saw the foster grandparent as a threat to their own role in dealing with the children. The foster grandparents persisted in their efforts to give love, care and personalized attention to children. It was too soon to tell, however, whether meaningful institutional changes were to emerge in these settings as a result of the program.

E. An Institution for the Emotionally Disturbed

The study included one residential treatment center for emotionally disturbed teen-agers which was experimenting with foster grandparents in its program. The setting is one in which parents of the children are limited in visitations, and other adults visit the center infrequently. The center is a closed-off system, attempting to build an internal social environment for disturbed teen-agers that will be therapeutic in resolving their problems and preparing them for effective functioning in a broader world.

Assignments of the grandparents were to groups of children living in cottages. The core of their role was to be present in that cottage, in a nonsupervisory and nondisciplinary capacity, performing whatever homemaking tasks seemed appropriate during the period of a four-hour shift.

One-to-one assignment of foster grandparent to child was to occur only when it evolved naturally out of the group assignment. (Two teen-age boys were later assigned to a particular foster grandfather and engaged in chores with him around the home and its grounds.)

The children in the center act out their problems and their feelings of aggression in many ways, and at first some of the staff had many misgivings about the program. They anticipated disastrous results from "inflexible, rigid, judgmental" elderly people when they were exposed to the children's behavior. However, this staff expressed amazement at results after several months of operation. The teen-agers had accepted the foster grandparents, and a few were forming individual attachments.

Foster grandparents were experiencing difficulties in this setting. Soon after assignment in the cottages, complaints were heard from the foster grandparents that they needed to know more specifically what to do in occupying their time. They were told that their mere presence as a person available for relationships was sufficient, but it was suggested that they bring sewing and knitting to work on if this would make them feel more comfortable. Soon these "homemaking" activities were being integrated into the needs of the cottage and its residents: a button was sewed on at the request of a child, a breakfast egg was prepared the way a particular boy wanted it, another adolescent was helped to bake cookies, cottages took on a more homelike atmosphere with the addition of pillows, rugs and other items made by foster grandparents while on duty.

The foster grandparents expressed many frustrations over work in this setting. This was in part due to the self-contained nature of the center, but it was also attributable to difficulty in understanding the center's acceptance of such behavior as profanity and other manifestations of aggression. In their nondisciplinary, nonauthoritative role, they could not take action to impose other norms. In addition, little change in the children could be noted, and the rewards of a one-to-one relationship with a child openly showing his need and response to loving care were lacking.

While there was some evidence of the unique benefits of having elderly persons present to form relationships with teen-agers, the special contribution of the elderly as grandparental figures had not yet been demonstrated in this setting. Clearly, the foster grandparent role in such an institution is a very special situation and warrants specialized study in more depth than was possible within the scope of this study before there is any substantial expansion in this direction.

VII. PROGRAM ADMINISTRATION AND OPERATIONS

A. Introduction

The most striking factor regarding the administration and operation of the Foster Grandparent Program is the wide variation among the ten projects. In spite of these variations, a number of generalizations can be made regarding strengths and weaknesses. In addition, a number of problems that need to be remedied have been identified.

As shown in this chapter, successful expansion of the program will require:

... continuation of the sponsor-host organizational structure;

... continued use of local community sponsors whenever possible, and state-wide sponsors to reach public and voluntary agencies in small communities;

... preservation of both the employment and the service orientations of the program;

... more effective recruitment of foster grandparents aimed at the lower socio-economic group of aged;

... more efficient utilization of the administrative and supervisory capacity of sponsoring agencies to handle larger numbers of foster grandparents and thus reduce unit costs;

... more adequate involvement in the recruitment of foster grandparents of community agencies such as the public employment services and public welfare departments;

... improved training and supervision of foster grandparents and the development of model training programs;

... major improvements in the employment conditions of the foster grandparents so as to include vacations, sick leaves, paid holidays, job security, and more appropriate pay scales;

... more adequate provision of services to older persons who are not accepted for the program and who have health, social, economic, housing, and other problems;

... better preparation of host agencies for utilization of foster grandparents;

... more adequate supervision and assistance to host agencies in program planning;

... more effective leadership to gain local support for the program;

... more effective record keeping for purposes of ongoing program monitoring, planning and evaluation;

... long-term evaluation to ascertain the strengths and weaknesses of the program over a period of time.

B. Organizational Structure

Each of the ten projects in the study was organized according to the Federally prescribed sponsor-host agency structure. However, there were variations within this pattern. In one of the ten projects the sponsor and host were the same agency, and in three other projects the host institutions all had direct administrative ties to the sponsor, either as parts of a sectarian federation or as part of a large state-wide public agency. In the remaining six projects the sponsoring agency was a completely separate administrative entity from the hosts.

The sponsoring agencies for the ten projects included:

... two voluntary health and welfare planning councils
... one voluntary family service agency
... one local public welfare department
... two voluntary sectarian federations (Catholic)
... one state-wide public agency for the retarded
... one state institution for the mentally retarded

- ... two voluntary senior citizen organizations[1]

The thirty-three host agencies included:

- ... seven voluntary institutions for dependent and neglected children
- ... eight public institutions and agencies for dependent and neglected children
- ... four public general hospitals
- ... six voluntary general and special hospitals
- ... six public institutions and training schools for the retarded
- ... one voluntary institution for the mentally retarded children
- ... one voluntary institution for emotionally disturbed children

In all there were eighteen public, nine voluntary sectarian, and six voluntary nonsectarian agencies serving as hosts.

Analysis of the sponsor-host configuration strongly suggests that, if the Foster Grandparent Program is to be expanded on a broad, inclusive basis, it will be necessary to utilize sponsoring agencies that function under broad, community-wide auspices. In the projects where sectarian agencies were the sponsors, the host agencies were all limited to sectarian agencies; consequently most children were of one religious group. (It should be noted that the sectarian agencies employed foster grandparents without regard to religion. In a number of sectarian agencies, only a minority of foster grandparents were of the same religion as the auspices of the agency.) On the other hand, where nonsectarian voluntary agencies were the sponsors, there was considerable use of public agencies and sectarian and nonsectarian voluntary agencies. These patterns are shown in the following table:

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[1] In one of these the original sponsor was the local anti-poverty community action agency which in turn contracted with a senior citizen organization to serve as sponsor for the Foster Grandparent Program and other OEO funded projects for the aged. The senior citizen organization was created largely to carry out this function.

Table 20

Number and Auspices of Host Agencies
by Auspices of Sponsoring Agencies

Auspices of Sponsor	Auspices of Hosts		
		Voluntary	
	Public	Nonsectarian	Sectarian
Total	18	6	9
Voluntary, nonsectarian	12	6	3
Voluntary, sectarian	0	0	5
Public	6	0	1

Thus, it appears that use of sponsors such as health and welfare planning councils and community-wide senior citizen organizations facilitates broader coverage and more flexibility in selection of host agencies at the local level. The study did not include any projects in which the local anti-poverty agency functioned as the sponsor. However, the utilization of such agencies, if they have the necessary capabilities, should also encourage community-wide coverage.

In two of the ten projects the sponsor was a state-wide public agency, and in these the hosts were limited to state institutions for the retarded. This pattern can be effective in encouraging state institutions to participate in the program, since frequently these institutions are located in small, somewhat isolated communities where there would not be any adequate local resource to carry out the sponsor's functions.

C. The Orientation of Local Projects

Nationally, the Foster Grandparent Program concept has a dual orientation of employment and services. The study findings from the ten communities, however, indicate that frequently in local orientation the emphasis is primarily on meeting service needs of children and secondarily on meeting employment needs of the aged. In part this is because the ongoing purposes, functions, and programs of the sponsors (and hosts) are geared to a "services" approach.

The orientation of the sponsors and hosts was reflected in two ways. First, while the older persons selected for the program were in poverty, many did not represent the social and economic characteristics of the long-term, deprived poor (as shown in Chapter IV). The major orientation in the selection process in most communities was on selecting those aged who by virtue of background, personality and education would come closest to the professional and middle-class image of those doing the selection.

Second, and a major weakness of the program, was the lack of properly established conditions of employment necessary to maintain long-term employment--sick leave, job security, vacations, employee fringe benefits, etc. Again, it would appear that this represents the local orientation toward service needs as against employment needs.

Without losing the values of a services orientation, it will be necessary to improve the employment aspects of the program if its long-term viability is to be protected.

An interesting corollary to this was also identified. Although a strong service orientation prevailed it was principally directed towards children and not towards the aged. Consequently, very little was being done in one-half the projects to provide services to those aged who applied to the program and were not accepted, but who had identifiable health, social and economic problems.

At the same time, the services-to-children orientation provided a major impetus to local people organizing and carrying out the program. It frequently was the primary motivating force and undoubtedly contributed greatly to the initial successes of the program. As the employment orientation is strengthened, the services orientation should be maintained.

D. The Functions of Sponsoring Agencies

In general the sponsoring agencies all carried out a number of similar functions, as shown in Table 21. These are all functions that were and will continue to be needed for the continuation and expansion of the program. It is obviously more efficient for them to be carried out by a central organization in each community rather than by each of the host agencies. Thus, the structure of a central sponsor and a number of hosts should be continued if duplication and confusion are to be avoided.

As discussed in Chapter VIII, some host agencies needed more assistance in program planning, in utilization of the program, and in orienting their own staffs to the program. In the future these should be functions for which the sponsoring agency has clearly defined responsibilities.

Table 21

Number of Sponsors Carrying Out Primary Administrative and Program Functions

Primary Functions	Number of Sponsors Yes	No
Preparation of project proposals	10	0
Selection of hosts	10	0
Organization of ongoing advisory committee	4	6
Promotion	9	1[a]
Recruitment	9	1[a]
Screening applicants	8	2
Interviewing applicants	9	1[a]
Selection of applicants	9	1[a]
Training	9	1[a]
Overall fiscal responsibility	10	0
Paying foster grandparents	10	0[b]
Direct supervision of foster grandparents	4	6
Referral of rejected applicants	5	5

[a] In these projects the sponsor was a state-wide public agency which utilized three of its institutions as hosts. Since these hosts were geographically dispersed they carried out these functions in their local communities with a minimum of sponsoring agency participation.

[b] One host in one project paid foster grandparents directly.

E. Recruitment of Foster Grandparents

In general, the recruitment process successfully produced a sufficient number of applicants to fill the relatively small number of available jobs. Although some difficulties were experienced in two of the ten projects--one in semirural areas, one in a large metropolitan area--there was a uniformly favorable response from older people when they learned of the opportunity for useful employment. With the exception of one project, the primary responsibility for recruitment was carried out centrally by the sponsoring agency. In the one exception, a state-wide program, the three widely dispersed host institutions did their own recruitment.

It is estimated that more than 2,000 applications were received initially for the 590 authorized foster grandparent jobs in the ten projects. While Federal guidelines imply that the older person should be unemployed, actually 19 percent of those employed as foster grandparents were employed to some extent in other work when they applied.

According to the foster grandparents, the newspaper was the most frequent way that they learned about the program. The obvious human interest aspects of the program led to considerable newspaper coverage of high quality. The second most frequent way was by word of mouth from friends and relatives. The most ineffective recruitment methods were through local employment services, local anti-poverty programs and public assistance agencies. These agencies, by virtue of their functions, should be principal resources for recruitment, but they were not. As a matter of fact, although 10 percent of the foster grandparents had been receiving public assistance at the time they applied for the program, only one-half of these had heard about it from the public assistance agency.

The major resources through which foster grandparents learned of the program were:[2]

... 57 percent through newspapers
... 20 percent through friends and relatives
... 14 percent from some community service agency
... 7 percent from television announcements
... 5 percent from radio announcements
... 5 percent from public welfare agencies
... 4 percent from public employment service
... 3 percent from religious organizations
... 2 percent through local anti-poverty programs
... 10 percent through other services

In a number of communities the employment service and welfare department were simply notified of the program, but no real interpretation was done by project staff. In only one community was the employment service a principal party to the entire recruitment and screening process, and in only one other community was there a significant number of referrals from the public welfare department. Very few referrals came from anti-poverty community action agencies, although in four communities these agencies were asked to supply applicants.

In terms of the future, much more effective interpretation to and involvement of local employment services, public welfare agencies and anti-poverty agencies should be undertaken in order to have these agencies take major responsibilities for recruitment of the aged poor for the program.

2/ Totals to more than 100 percent since some foster grandparents reported more than one source.

F. Screening and Selection of Foster Grandparents

The selection of foster grandparents was generally made by sponsoring agency staff on selection committees after an interview with the applicant. In some communities this staff was supplemented with professionals from other agencies in the community. Application forms were devised locally, although during the study the Office of Economic Opportunity issued a standard form.

A major problem in selection was the lack of established criteria for guidance in the process. Criteria related to income and age were prescribed in the Federal guidelines and were easily applied. But criteria relating to suitable personality characteristics were generally lacking since so little was known about what makes a successful foster grandparent. In light of this the tendency throughout most of the project was to look for "stable," "warm," "well-adjusted," "physically capable," "emotionally capable" persons. In most communities these judgments were made by the project staff of social workers and others who were doing the interviewing. In a very few cases, projective and other types of tests were utilized. Sometimes those doing the interviewing had little previous experience in hiring.

There seems little doubt that during the initial stages of the program agencies were very selective and that people were chosen who met preconceived notions of the education, experience and family background that would characterize a good foster grandparent. (This is clearly shown in Chapter IV.) This resulted in frequent selection of persons who met the middle-class orientation of some of the interviewers and sponsoring agencies. At the same time, most of these foster grandparents performed successfully, insofar as indicated by the positive impact of the program on the children served (as documented in Chapter V).

There was undoubtedly some tendency towards "creaming" in the selection process, that is, selection of those candidates who would be easiest to work within existing agency orientations and who seemed to be the best employment risks. Even so, about 15 to 25 percent of those selected dropped out in the early days of their employment. Complete accurate figures on how many persons who were employed dropped out were not available, but available information for each of the ten projects is shown below.

Table 22

Distribution of Foster Grandparents Who Were Employed and Dropped Out, by Project

Project	Number Employed	Dropouts Number	Dropouts Percent
A	81	4	5
B	76	9	12
C	38	7	18
D	-	NA	NA
E	46	10	22
F	41	6	15
G	114	13	11
H	32	6	18
I	67	17	25
J	40	10	25

NA = No information available.

The reactions of the foster grandparents to the selection process were positive. Eighty-five percent felt confident and desirous of going into the program after being screened, and 15 percent had reservations or were apprehensive.

It is not known what the reactions were of those not accepted for the program, since this was not within the scope of this evaluation. The most frequent reasons cited for rejecting applicants were that the applicant 1) did not have a "suitable personality," 2) had physical and health limitations, 3) was over the income limit, 4) was under 60 years of age, 5) had educational and other limitations, and 6) had transportation problems. In addition, many applicants who inquired about the program withdrew themselves when they were informed of what was involved and the age and income requirements.

There is need to develop more adequate guidelines for selection of foster grandparents. These guidelines should be broad in scope and encourage the utilization of foster grandparents from a wide range of social and cultural backgrounds. The Federal agencies involved should develop guidance materials to assist sponsors in establishing screening and selection procedures.

While the program had an income eligibility criterion, it is commendable that older people were required simply to indicate their income level and were not subjected to the indignities that accompany investigations of financial eligibility, such as in public assistance. This process should continue. Based on the observations made in this evaluation, there is no reason to believe that the persons applying were in any way attempting to take advantage of the situation. On the contrary, ineligible persons who applied and learned of the income requirements voluntarily disqualified themselves by reporting that they were over the income limit.

G. Training of Foster Grandparents

Among the ten projects the training and orientation of foster grandparents varied greatly in terms of duration, content and depth. Training programs generally covered 1) an explanation of the foster grandparent program, 2) administrative information, 3) the role of the grandparents, 4) consideration of the problems of the children, 5) some orientation to the host agencies, and 6) in some cases, methods and techniques of working with the children.

These training programs varied from two four-hour sessions in one project to ten sessions of four hours each in others. (Federal guidelines call for "two weeks of intensive training.") In some cases, host agencies supplemented these sessions with more intensive training of their own. In all cases the foster grandparents were paid during the training periods.

The size of training groups also varied from groups of two or three to groups of sixty-six foster grandparents.

The reactions of foster grandparents to the training were favorable; almost 90 percent felt it was helpful in preparing them for their work. These reactions must be evaluated in the following context, however. In most project settings there was an eagerness and vitality that went with the newness of the program and the enthusiasm of being accepted into a new service role. Foster grandparents were reluctant to criticize since they often felt themselves unqualified to assess the methods of project staff and highly trained professionals who took part in training programs. Foster grandparents were also responding affirmatively to the whole situation in which they were caught up. As one field analyst put it, "It wouldn't have mattered what the project people did, so long as it brought the foster grandparents together and initiated them into this new shared experience."

Some projects integrated actual experience on the job as part of the training program. Others did not. In some cases host agencies were utilized in planning and carrying out training, but this was not a uniform practice.

In almost all cases the foster grandparents were capable of participating in sophisticated discussions, and some of the training programs gave opportunity for the grandparents to explore a variety of concepts and problems. However, in those projects that limited training to two or three days, it obviously was not possible to include sufficient information to properly prepare foster grandparents for their assignments.

In view of the similarity in the basic elements of the program in all communities, it would appear that model training materials could be developed at the Federal level to guide local projects in the planning of their training programs. A considerable amount of excellent material has already been developed locally which could provide a framework for model training curricula. Provision should be made, of course, for necessary local adaptation and variation. As the program is expanded, such assistance will become increasingly needed, especially in communities that lack the local experience or resources to develop effective training programs without guidance.

H. Supervision of Foster Grandparents

Good supervision is an essential element in the foster grandparent program and will need to be protected as the program expands beyond the demonstration phase.

The pattern of supervision of foster grandparents was not clearly defined in a number of projects. The most general pattern was for the sponsoring agency to have full-time or part-time supervisors paid as part of the project staff, and these supervisors were given responsibility in individual host agencies. Frequently, supervisors were persons who had been previously employed in the host agency.

In other projects the primary supervisory person was a host agency staff member. In some projects foster grandparents related to sponsor agency supervisory staff on administrative matters, since this was the source of their payment, and related to host agency staff for on-the-job and program supervision.

Regardless of the pattern, the supervision was generally adequate. It is commendable that the need for such supervision was recognized as an essential element in the program.

The weakest on-the-job supervision appeared to be in those agencies that had the lowest professional standards and had a custodial rather than a treatment orientation. As the program expands nationally, additional agencies of this type will undoubtedly be included. This calls attention to the need for adequate supervisory arrangements and places a major responsibility on sponsoring agencies to assure this.

Of particular importance will be the development of effective orientation and training programs for supervisory staff in sponsoring and host agencies. This is especially important since, as noted in Chapter VI, one of the reasons staff in some institutions did not accept the foster grandparents was that the staff had not been properly prepared and did not understand the program.

I. Referral of Applicants

There were hundreds of applicants who were not accepted, most of whom wanted to work and many of whom had health, financial and other problems. In about half of the sponsoring agencies major efforts were made to refer such persons for needed services. However, very little was done by a number of sponsoring agencies to make effective referrals of these persons to community agencies which could assist them. Nor were procedures established with agencies, such as the employment service, welfare departments or anti-poverty agencies, to facilitate such referrals as were made. Staff involved in screening were not oriented to these kinds of responsibilities since they were not a prescribed part of the program.

The projects that had senior citizen centers or health and welfare planning councils as sponsoring agencies appeared to take the greatest responsibility for referral of aged applicants. This, of course, was in line with the purposes of such agencies -- to be concerned with needs and services for the aged. For example, almost all applicants in one such project were referred: forty-five to a senior citizen's employment service, eight to medical facilities, eight to welfare agencies and one to Medicare Alert. A number of other projects did refer applicants to Medicare Alert as a resource for short-term employment. In one large city the sponsoring agency referred seventy-seven people to Medicare Alert and twenty-nine others to other employment resources.

In view of the overall purpose of the program to deal with the poverty problems of the aged, it would be desirable and appropriate to give considerable attention to the needs of all older people who need assistance and who come into contact with the program. There should be clearly defined Federal guidelines to encourage referrals to appropriate community agencies and the establishment of working arrangements to facilitate referrals and follow-up to insure that necessary services are obtained.

J. Utilization of Foster Grandparent Time

Except for a small amount of time for staff conferences and supervision, the foster grandparents utilized their time on the job in the following three broad areas of work:

1. Social activities with children, including playing, walking, talking and listening to the child, holding and embracing the child, reading, teaching and eating with the child.

2. Personal care of children, including awakening children, putting them to bed, bathing, dressing, changing and feeding children.

3. Housekeeping activities, including washing, ironing, and folding clothes and linens, tidying and cleaning rooms, cooking, sewing and mending.

According to estimates made by the foster grandparents, almost all, 90 percent, spent more than five hours a week in social activities with children. About 32 percent estimated they spent more than five hours a week carrying out personal care tasks, and 9 percent spent more than five hours in housekeeping duties. These were principally in two of the ten projects.

Assuming that social and personal care activities are more in keeping with the purposes of the program, it is clear that, in general, foster grandparent time was utilized in work appropriate to the program. Further, there was no evidence that foster grandparents were being used simply to supplement the custodial or housekeeping functions within the institutions. These conclusions were corroborated by the site observations made in this study over a two-month period. The only exceptions to this were in two or three hospitals and institutions for the dependent and neglected when there were some short periods of time when foster grandparents were observed carrying out institutional housekeeping functions.

K. Unit Costs and Administrative Capacity

The annual budgeted unit costs per foster grandparent among the ten projects ranged from an overall unit cost of $3,334 to $2,198. These unit costs include all project expenditures, and thus include all administrative and supervisory costs as well as foster grandparent salaries. Based on an analysis of approved budgets, it appeared that this wide variation was related to two factors. One was the pay scale for foster grandparents, which ranged from $1.10 per hour to $1.77 per hour. The second, and most significant, was the variation in overall costs for administration and supervision which often ranged between 40 and 50 percent of the total budget. Although the salary rates for project directors,[3] field supervisors and secretarial help were by no means excessive, the number of persons in such positions was the major factor that increased costs in some communities. High administrative and supervisory costs are understandable during a period of demonstration and experimentation with a new program. However, it would appear that in a number of projects the existing administrative structure and staff complement was capable of handling a larger number of foster grandparents without a corresponding increase in supervisory personnel or administrative costs.

The possibility of expanding the program without appreciably increasing administrative or supervisory expenditures was explored in each of the ten projects in the study. In eight of these ten projects it was judged that such expansion in the future would be feasible, and this was generally concurred in by the project staffs. Significantly, the two where such expansion did not appear feasible were among the lowest unit cost projects as shown below:

Project Unit Cost Per Foster Grandparent	Is Expansion Feasible Within Existing Administrative Structure?	Foster Grandparent Pay Scale
$3,334	Yes	$1.77
3,234	Yes	1.50
2,907	Yes	1.10-1.25
2,864	Yes	1.50
2,668	Yes	1.50
2,605	Yes	1.25
2,574	Yes	1.25
2,435	No	1.25
2,366	No	1.25
2,198	Yes	1.25

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[3] Usually $9,000 - $10,000 a year; the highest one was $12,000 a year.

L. Pay Scale

The Federal guidelines for the program required that foster grandparents be paid the Federal minimum wage of $1.25 an hour or more if "the community wage level is higher for comparable services." Of the ten projects:

...six projects were paying $1.25 an hour[4/]
...three were paying $1.50 an hour
...one was paying $1.77 an hour[5/]

Some projects also provided one meal a day and a number reimbursed for transportation.

Twenty-two percent of the foster grandparents did not feel that their pay was sufficient; 77 percent felt it was. Foster grandparents in the institution paying $1.10 an hour were particularly concerned in view of the fact that they were initially led to believe they would receive $1.25 an hour.

The pay period for foster grandparents was weekly in one project, every two weeks or bimonthly in six projects, and monthly in three projects. In at least one project paying monthly, many foster grandparents reported that it created problems and that they would like to receive their pay more frequently.

If the Foster Grandparent Program is viewed only as a means to provide additional income to older persons, these pay scales were sufficient to

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4/ In one of these projects, one host agency, a hospital, was paying $1.10 (originally $.95) an hour plus about $1.00 a week for transportation and $3.15 in kind for laundry of uniforms. The hospital indicated the $1.25 minimum would create problems with nurses' aides who received $.85 an hour.

5/ The highest pay, $1.77 an hour, was paid by a state-wide public agency.

raise many of them above the poverty index.[6] However, the program is much more than this, in light of its service orientation and its objective as an employment, not an income maintenance, program. Thus, the pay scale should have some relationship to the relative worth of the employee (foster grandparent) to the institution in which he is working. In view of the value of the program to the children who are served, it is obvious that the foster grandparents' work is certainly worth more than $1.25 an hour. It is difficult, if not impossible, to put a dollar-value on the worth of a program such as this. However, in expanding the program, efforts should be made to encourage the introduction of pay scales that exceed the current minimum wage requirement of $1.25 an hour.

It should be noted that 90 percent of the foster grandparents received Social Security benefits and that current Social Security regulations provide for a deduction of $1.00 in benefits for each $2.00 of earnings over $1,500 and up to $2,700. No deductions are made for income earned by individuals 72 years and older. Thus, unless existing regutions are changed, a higher pay rate could result in a loss of some Social Security benefits for some foster grandparents. It is understood such changes are already under consideration.

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[6] The OEO poverty line index is as follows:

Poverty Line Index

Non-Farm Households		Farm Households	
Persons	Family Income	Persons	Family Income
1	$1,500	1	$1,050
2	2,000	2	1,400
3	2,500	3	1,750
4	3,000	4	2,100
5	3,500	5	2,450
6	4,000	6	2,800
7	4,500	7	3,150

Above 7 add $500 for each dependent

Above 7 add $350 for each dependent

M. Personnel Policies

A major deficiency of the program was the almost complete absence of the personnel policies that are necessary to maintain satisfactory long-term conditions of employment. These would include paid vacation time, paid holidays, earned sick leave, insurance coverage, and, possibly, payment on a salary rather than hourly basis. Even though the foster grandparent is a part-time employee, he does work regular daily hours, and there is no reason why he should not be entitled to the same kind of benefits that today's enlightened employers provide regular employees.

The absence of these benefits did create hardships. For example, foster grandparents who did not work on a holiday such as New Year's Day, lost their pay for that day. Foster grandparents who were ill and had to stay home lost their pay. This is particularly ironic since some of the sicknesses that foster grandparents had, such as colds, were most likely caught from the children in the institution. A day school for the mentally retarded closed for three days in order that staff could attend outside meetings and conferences. Foster grandparents thus lost three days of pay.

These same kinds of problems persisted even in the one project in which all foster grandparents had civil service status, since they were classified as limited-term employees and thus not entitled to most regular benefits.

The foster grandparents' work is very demanding physically and emotionally. Yet, he is currently not entitled to any paid vacation time in any of the projects. If he found it necessary to take time off for any reason, he was not paid.

It should also be noted that project staff, other than foster grandparents, were all covered by the generally liberal personnel practices of the sponsoring agencies. The foster grandparents who were also employees of these same agencies did not receive these benefits.

In view of the financial needs of foster grandparents, they were, of course, unlikely to stay away from work under these conditions. It can be safely predicted that over a longer period of time the lack of adequate personnel policies will seriously affect the program. The introduction of such policies to provide sick leave, vacation time and holidays with pay are essential in order to protect the long-term viability of the program.

N. Transportation

In most of the projects foster grandparents were having a problem in connection with the time and effort required for transportation to and from work. Over one-half spent one hour or more going to and from work, including 20 percent who spent two hours or more. Considering the fact that they only worked four hours a day, this represents a disproportionate amount of time to travel. Yet, the attendance of foster grandparents was excellent, and they were able to get to work during snow storms that kept many regular employees away from their jobs.

The cost of public transportation also presented problems and ranged as high as $1.46 a day to reach one host agency. Some host agencies were not accessible by any kind of public transportation.

A number of solutions to these problems were being tried. Some hosts were reimbursing foster grandparents for transportation costs outside the project budget. Car pools were organized, some successfully, others not. Mileage was paid in some projects to those who drove and brought others. Taxicab service was contracted for in one project. Attempts were also being made to recruit volunteer drivers.

Transportation arrangements were and will increasingly be a significant barrier in expanding the Foster Grandparent Program. Projects should have a responsibility for making specific transportation plans as a part of overall operating plans. The costs of transportation should continue to be an allowable expenditure, as such, or as a part of higher compensation for foster grandparents.

VIII. VIABILITY OF THE PROGRAM AT THE COMMUNITY LEVEL

A. Introduction

At the community level the Foster Grandparent Program has had limited impact on agencies and institutions comprising the communities' system of services other than those participating in the program. In most projects anti-poverty agencies, welfare departments, health and social agencies, and key leadership groups had not as yet been significantly affected by the program.

One of the major difficulties, in eight of the ten projects, was the limited understanding of the program among community agencies not directly involved, especially local anti-poverty community action agencies. This is of major significance for the program as it becomes funded under Section 205 of the Economic Opportunity Act, since the local community action agency will have the major responsibility for deciding the future of the program under this arrangement. Local foster grandparent projects and HEW and OEO will need to vigorously interpret the program and build support for it in order to promote its acceptance at the local level. In only two of the ten projects were local community action agencies well-informed and supportive of the program. In both of these they had been instrumental in its planning.

Local health and welfare planning councils had been effective in developing plans and project proposals in five of the ten communities, but were limited, except where they were sponsors, in their ability to build widespread community support for the program. For example, in no community did United Funds foresee the possibility of diverting significant local financial support for the program, nor did other voluntary or public agencies.

Local welfare departments, although asked to assist in recruitment, generally were not geared to providing substantial numbers of applicants in the time permitted. Local public employment services, with two or three exceptions, had minimal involvement and were not major sources of recruitment.

There is no doubt that the lack of strong support and understanding was due in part to the "crash nature" of getting the program in operation in a very few months. This, of course, did not allow proper attention to be given to developing the necessary community understanding. It is more difficult to explain the lack of first-hand familiarity with the program among officials in the Office of Economic Opportunity regional offices and in other Federal agencies. This lack of understanding came to light as regional staff and other Federal staff were interviewed in the field as a part of this study. While regional staff of the Administration on Aging were familiar with the program, in general they had not played a major role in supervising or guiding local project development.

At the same time, enough interest has been engendered locally that a number of agencies were beginning to plan expansion of the Foster Grandparent Program and to consider other suitable service roles for the aged. These signs of interest should be capitalized on by sponsoring agencies and Federal field personnel wherever possible. In addition, the latter should assist local sponsors to achieve more effective community organization efforts to plan and develop support for the program and its expansion.

B. Project - Community Typology

Initial Federal guidelines for the program were quite general. They dealt largely with qualifications of the elderly and child populations. No pretext was made at providing a blueprint for local project organization and operations, and local projects had a great deal of freedom to develop in their own way. As a result, there was considerable variation in the size and types of agencies involved. In addition, both project sponsors and host agencies represented wide diversity in their philosophies.

Three major patterns emerged, and these have a bearing on the viability and support of the program at the community level. These three patterns are shown in Table 23 and are described in the remainder of this chapter. The three patterns into which all ten study projects can be grouped for purposes of analysis are:

1. Complex or diffuse project and community settings
2. Small town or state-wide single-service projects
3. Well-defined local community-based projects

A major problem in the development of the program was to define that "community" which is to serve as the base of human resources and service, and as the primary locus for communication between groups and individuals relative to the service. This was particularly true of the one project comprised of three state administered institutions located in small communities and also of the one project that covered a metropolitan area that included the central city and suburban county.

C. Complex or Diffuse Projects and Communities - Projects A, B and J

Projects A, B, and J all were implemented in highly congested and complex urban environments. In A, the project actually was centered in two locales: operating in two institutions in the center city, and in two other institutions in a suburban county. These two areas required separate publicity and recruitment efforts. A sectarian agency sponsor whose jurisdiction covered a diocese was the sponsor. Problems of information flow, and of broad, general development of the project, were intensified by distance as well as by insulation of the project within a sectarian agency. The overwhelming size of the community complicated all aspects of administration and communication. In addition, for many persons in agencies that were primarily concerned with servicing large populations, the program was viewed only as a mere "drop in the bucket." Most informants also felt the project needed much more publicity. In this community key staff in coordinating, planning and operating agencies in both the child welfare and aging fields knew very little about the program. The anti-poverty community action agency in the central city had little knowledge or contact with the program.

In project J, a nonsectarian family service agency carried responsibility for sponsorship. But, again, distance and the insulations of group from group which are often a concomitant of life, and service systems, in metropolitan centers inhibited the flow of information relative to the Foster Grandparent Program. While a project committee was created to tap a number of specialists as consultants, these consultants were not very deeply involved. Agency executives who knew of the project had ideas as to how it might be applicable in their own particular field; but these persons were seldom in communication with one another, and their ideas were not being linked in a relevant way to project development. The project lacked clear definition of its purposes and objectives and had not received the necessary attention and direction from the sponsoring agency. This agency was aware of the problem and was taking steps to correct it.

The need for greater communication was a major complaint in project B, where a health and welfare planning council was the sponsor and host agencies included several hospitals and several institutions, sectarian and nonsectarian, for dependent children. A number of agencies in the system of services were favorable toward the foster grandparent idea but were not sufficiently sold on the project to support it financially. Some agencies were displeased that the sponsor had not involved them more in planning. The local anti-poverty community action agency did not have close working relationships with the sponsor and showed little interest in the project. Most enthusiasm was forthcoming at the department of public welfare, a host agency, where an administrator stated emphatically: "I don't know how we'd get along without the foster grandparents now." Support was also strong at the Catholic federation which had implemented the project in two homes for dependent children and a hospital.

Table 23

Project Typology

Project-Community[a]		Sponsor	Hosts	
Designation	Size/Type	Type	Type and Number [b]	Pattern
A	Metropolis	Catholic	D_3H_1	Complex or diffuse projects and community settings
B	Metropolis	Plan. Council	D_4H_3	
J	Big City	Fam. Service Agency	$H_1D_1D^*_1$	
C	Small-town rural	Dept. of Ment. Hyg.	MR_1	Small-town or state-wide single service projects
G	State-wide 3 localities	Div. of Ment. Hyg.	MR_3	
H	Small-town	Catholic	ED_1	
D	Big	Sr. Citizens Organization	H_1D_2	Well-defined local-community based projects
E	Small	Sr. Citizens Organization	$MR_2H_1D_2$	
F	Small	Co. Welfare Department	$D_2MR^*_1$	
I	Big	Planning Council	H_3	

[a] The ten projects are designated by letters A through 1.

[b] Key:

D = Institution for dependent and neglected
H = Hospital
MR = Institution for the mentally retarded
ED = Institution for the emotionally disturbed
MR* = Day care school for the mentally retarded
D = Foster home for dependent children

The lesson for program development in these types of project communities is that fragmentation of existing services and insulation of groups work against developing broad community support. Difficulties appeared in obtaining community-wide publicity and in drawing different groups into meaningful dialogues which could lead to new experiments with the foster grandparent concept.

In these difficult and complex locales for communication and coordination, project B was doing the best job of project development, partly through the community-wide orientation of the sponsor and partly by building on subgroupings of interest representing Catholic social services, nonsectarian social welfare professionals, and professionals in hospitals. The lack of involvement and support of community action agencies in these large communities is a major problem that affects the future of the program

D. Small-Town or State-Wide Single-Service Projects - Projects C, G and H

A different pattern appeared in simpler, much less heterogeneous locales where the foster grandparent service was organized around a single type of child-care program, e.g., retarded children. These projects were embedded for the most part in small towns surrounded by rural areas. In each, communication relative to the local foster grandparent project extended to offices at the state level and to groups in other localities.

In project C, the program was implemented in one state-supported institution for the mentally retarded located in a small community. Nothing truly corresponding to a system of services, with formalized agencies performing special functions could be discerned in the local community--although within the mental retardation institution many different professions contributed to a multidisciplinary approach to treatment of the retarded child. A local community action agency covered a three-county area in the planning and implementation of anti-poverty programs. Its director expressed some approval of the foster grandparent project and was appreciative of professional assistance he had received from the host agency on several occasions. But the experiment with elderly people and retarded children being conducted by the professionals at the treatment center was not perceived by the head of the community action agency as especially relevant to his problems.

At the state level, many service professionals and administrators showed interest in the Foster Grandparent Program. Some had heard of it through newspaper articles, but a number did not know a project was actually operating in the state. The director of the state council on mental retardation knew of the project, received its quarterly reports, was highly impressed, and favored extension into other mental retardation centers in the state. Most tended to respond affirmatively to the idea, and speculated on other uses of foster grandparents outside the mental retardation settings: as homemakers, for example; or in connection with juvenile courts in a role similar to Big Brothers and Big Sisters. A supervisor of services to the aging at the state public welfare agency stated: "Eighty percent of people over sixty-five in this state have a cash income of less than $1,000 per year; so extension of the program in other settings throughout the state would apparently meet a need among the elderly."

In project G, the program was set up on a state-wide basis, operating in three widely separated, state-administered institutions for the mentally retarded under auspices of the division of mental hygiene of the state department of public welfare. However, the project did not function through normal state-level channels but through a new project office housed at one of the three institutions. The project encountered some antipathy among local groups and agencies toward "do-good" services and toward Federal programs in general. As might be expected where local autonomy was guarded jealously against interlopers even from within the state, a Federal, OEO-supported program was frowned upon. In each of the three locales, anti-poverty community action agencies were just getting established and were either still without staff or barely beginning operations and were not particularly interested in the program.

This project was created as the result of an administrative decision by the director of a state public agency. Committees for advice or consultation had not been effectively used. The project was identified with mental retardation services in the minds of those who knew of it. There had been little contact with groups concerned with services for the elderly. Community councils and voluntary agencies had not been contacted in planning and development. Consequently, they had little knowledge of the Foster Grandparent Program and difficulty in conceptualizing its possible applications in areas other than servicing the mentally retarded. Project staff who recruited and placed the elderly were oriented only to applying the service in this one type of setting. Most of these persons had not been concerned, except for restrictions set down in Federal guidelines, with poverty aspects of the program. However, in looking ahead to continuation of the project, the project coordinator had taken it upon himself to inform many other groups of the service, to establish relationships and promote understanding. Whether this would result in extension of the program concept into other service settings, or build support for the current single-service project, could not as yet be seen.

Project H was also established in a small local community with rural environs, and operated in only one type of institution: a treatment home for emotionally disturbed teen-agers. There were elements present and capitalized upon that lent both depth to support and greater breadth to the potentiality for expansion and extension. Here a review committee, with representatives from the local social security district office, the employment service, and the local anti-poverty agency, had been organized to assist in selection and screening of foster grandparents. Both sponsor and host were Catholic agencies; and had created foster grandparent advisory boards. The public employment service did all initial screening of foster grandparents and was "amazed at the interest shown in the program by the elderly." Also involved in project planning and development were the county department of public welfare, a senior citizens organization, and the state department of public welfare.

This local community did not have a complex system of services. The project director, while focusing his professional attention on application of the service to the one treatment setting, took time to speak to state and local groups about the foster grandparent concept and had helped persons in other parts of the state with project proposals. Locally, relationships with a tri-county anti-poverty community action agency were good. The local perception of poverty was not that it afflicted a group of persons very different from the norm in the community but that the poor in this rural area were "worthy poor," displaced from farm to town and, particularly in the case of the elderly, now running low on savings and property income. The local employment service was developing ideas for a proposal to create an "Aged Corps" for this rural area, capitalizing on the Neighborhood Youth Corps and foster grandparent ideas, and motivated in great part by the need for elderly services uncovered by the foster grandparent project.

The problems of project development in these small-town and single-service settings were related to insulation of the project within one special field of service and the difficulty of defining the service community that should be involved in order to stimulate broader consideration of its potentials among other agencies. Project H came closest to overcoming these problems.

E. Well-Defined Local Communities - Projects D, E, F, and I

Four of the projects were well grounded in local communities and systems of services and presented the greatest potential for continued support and future development. This was partly a matter of the size of the local base and its well-defined sense of community. It also seemed to be related to the type of sponsoring organization.

Projects D and E had remarkable resemblances, although the former was in a community with more than twice the population of the latter. Both utilized a senior citizens organization as sponsor, and in both cases this organization had good relationships with the local anti-poverty community action agency. In project E, the senior citizens organization had been a dynamic source of ideas and programs in the community for some years. In project D, the senior citizens organization was newly created, primarily by the anti-poverty agency and health and welfare planning council, to handle the foster grandparent and other projects for the aged. In both communities, health and welfare planning councils were highly involved in developing the project. They continued to be favorable toward the project and considered it worthy of wide support. More publicity was needed for the program in order to broaden support. At the state level in project E, in the commission on aging, it was stated that to realize the fullest potential of the foster grandparent idea the project must go beyond the local area and become state-wide because many large child caring agencies were not located in urban areas in this state. (This commission was stimulating the formation of councils on aging in all the counties of the state.)

These two projects were still quite small in that relatively small numbers of foster grandparents were involved. They were still far from achieving any significant local financial support. However, they were operating successfully in several host agencies, some specialized and some more general in their services. These were Southern communities and there had been a few conflicts over meeting fair employment and civil rights requirements of the program. For example, one Baptist hospital in community D refused to be a host agency because of fears of the "nondiscriminatory clause" attached to Federally funded projects. Both projects had close relationships with the local community action agency. Both were also looking community-wide to problems of the elderly and of children. Both saw the greatest opportunity for expansion through exploring new types of settings and roles for employing the aged.

Two other projects, F and I, differed from D and E in some ways; Project F was involved in nontreatment oriented institutions and had accommodated to a nonprofessional and noninnovative system of social services. With proper leadership, the foster grandparent project could be a potential innovator in this system. Project I, on the other hand, was operating solely in three highly specialized hospital settings, and had integrated the service very successfully into the program in at least one of these hospitals. Neither project F or I was closely involved with the local community action anti-poverty agency. In project I, the local anti-poverty agency was concentrating on manpower, housing, and education programs, but indicated it would "go along" with renewal of the foster grandparent project under current auspices. In the case of project F, the director of the local anti-poverty agency said: "I'm concerned that an effort was never made really to locate the lower economic group in recruiting for this program. On Medicare Alert, I forced the use of the real poverty groups as workers, because they were being screened out, or no effort was made to contact them. We did use such people and they showed their capabilities to do the job. You'll always be challenged here on whether you can find such talents and resources among the real poverty groups. I also feel that expansion of the Foster Grandparent Program would definitely require extending the concept of where the services can be provided. We are particularly interested in the child development centers we have been promoting in poverty neighborhoods. You'll find that our approach to staffing at these centers is entirely different than that used in the Foster Grandparent Program. We use the real poverty group as aides a great deal. I think each of the seven centers could use a service like the foster grandparents provide. The future of that program? Well I think that depends on how well it actually fits into a poverty program in this community."

How did two dissimilar projects--one in danger of being too general, and the other of being insulated within one specialized kind of service--have similar potentials of viability and development?

Project F was looking toward introduction of the service into other, more specialized, types of settings and had made inquiries (well received) at the state hospital for the mentally retarded. At the same time, many sentiments favoring the service and looking toward using it in different forms were latent in the community.

In spite of operating currently only in hospital settings, project I, under sponsorship of a community planning agency, was looking toward expansion into other service areas. Many elements in the system of services had been involved in project planning: the child welfare director at the state department of public welfare was the person who had originally suggested operation of the program in hospitals, since this department discouraged the use of other kinds of institutions for small children. This same department suggested expanding the service to mentally retarded children in their own homes and developing services by the elderly for the homebound elderly. The project had taken hold firmly in particular hospitals while ideas on other application of the service were being exchanged locally. The fact that regional offices of Health, Education, and Welfare were located in the community enabled other important voices to enter the local discussion. Some plans for pilot projects exploring variations on the foster grandparent idea were being planned in the local community.

APPENDIX A

METHODOLOGY AND SAMPLING

A. Introduction

In devising an appropriate and effective methodological approach to the evaluation, a number of constraints were carefully considered. These constraints were primarily related to the newness of the program, its scope and its variability. The local projects had been in operation for only a few months and some were just beginning at the time the evaluation was undertaken. Ten different projects were to be studied that were located in different types of communities including metropolitan areas, middle-size and small cities, and rural and semirural towns. Further, these projects were geographically dispersed in the Eastern, Southern, Midwestern and Western sections of the country. Some thirty-three different host agencies representing four types of institutions were also included. In these agencies the study involved obtaining data representative of almost 500 foster grandparents and approximately 900 children of various ages receiving foster grandparent care.

The approach to the evaluation attempted to take account of problems posed by these factors. Neither a before-after research design nor a classic experimental design was sufficient or feasible. Existing instruments for obtaining data were not available. New instruments had to be developed and had to take into account local variability and at the same time provide sufficient uniformity to allow for an overall description and synthesis of findings.

A descriptive-analytical study was designed to meet these requirements. This type of research design enabled measurements to be taken systematically in situation. At the same time subsequent analyses by stratifications in the total grandparent and child population pools and of significant agency, program and community variables would be possible. It was also anticipated that a by-product of the method would be to make some contribution to the self-evaluation capability of each local program and agency in the program and that the research method would facilitate later long-term evaluations of the program.

B. Levels and Instruments in the Evaluation

Approaching the methodological problem as one of tapping processes within specific community-agency situations led to the conceptualization of four levels of focus for description and measurement of the program and its strengths and weaknesses.

First, the core phenomena under study in each local system was the human relationships between a population of foster grandparents and a population of children, and the consequences and impact of these relationships. This required assessment of characteristics, behaviors and attitudes of members of each group. (Given the magnitude and variability of the total evaluation problem, it was not proposed that measurement at this level attempt to tap specifically paired child-grandparent relationships.)

Second, these core phenomena occurred in the context of a given institution established to provide human resource services with certain defined objectives and purposes which affected and was affected by the program.

Third, each such institution was part of a broader local foster grandparent program, administered by an existing agency (sponsor),with established purposes and objectives which affected and was affected by the program.

Fourth, each foster grandparent program was embedded in a community which was the base of resources providing subject populations of given characteristics, recruitment and training facilities, and a matrix of local social attitudes that affected the program.

These various levels of focus required varied instruments. Schedules were designed to obtain answers to relevant questions at each level. Before building these schedules preliminary site reviews of the ten projects were undertaken by the study staff to acquaint themselves with the program and the key variables involved. The data-gathering instruments that were developed and utilized are described below. These instruments were administered by a highly competent and experienced study staff.

C. The Foster Grandparent Interview Guide

A nineteen-page, precoded interview guide was developed and pretested in order to obtain, through focused nondirective depth interviews, basic information on the characteristics of the foster grandparents and the impact of the program on them. These interviews averaged one hour in length and were conducted by members of the study staff with a 50 percent probability sample of all foster grandparents. The scope of these interviews included for each foster grandparent, information on:

1. Age, sex, ethnicity, education, occupation, marital status, religion, residence, living arrangements, household size and family relationships.

2. Income before and after participation in the program, other sources of income, effects of foster grandparent income on income-related problems such as cost of rent or mortgages, food, clothing and personal needs, medical care, and medicines.

3 General physical health, existence of health problems that affect participation in program, changes in health since participating in program in areas such as energy, digestion, sleep, appetite, etc.

4. Foster grandparents' reasons for applying to the program, how they heard about the program, and their motivations, interests and experience in human services.

5. Attitudes toward and assessment of various aspects of the program such as orientation, training, supervision, transportation, personnel policies, working conditions and assignments.

6. Activities carried out and amount of time spent in each activity with children and perception of the program and the foster grandparent role.

7. Social, economic and physical impact, satisfactions or problems derived from the program.

D. Foster Grandparent Questionnaire

This was an abbreviated version of the interview guide and was administered to all foster grandparents who were not interviewed. In view of the reliability of the sample who were interviewed (as shown later in this Appendix), it was decided to limit data in the report to the much more complete interview information. In cases where the same question was included in the interview and in the questionnaire it was found that the interview results were representative of all foster grandparents and no significant statistical differences occurred between results from the two instruments (interview guide and questionnaire).

The questionnaire was usually completed by the foster grandparents in group sessions with the study staff present to answer questions. The scope of the five-page questionnaire was limited to basic demographic and attitudinal questions.

E. Child Schedule

The child schedule was designed as a uniform instrument for the study staff to record information on the characteristics of children receiving foster grandparent care and the impact of this care on the children. This, of course, presented a more complex problem of data collection than was the case in obtaining information from foster grandparents. The children were too young (chronologically or mentally) to be interviewed and therefore the study staff utilized a variety of other sources of information. These sources and the frequency with which they were utilized are shown as follows:

Source	Frequency[1/]
Written records	73.4
Host agency staff	52.3
Cottage parents	39.0
Foster grandparents	37.4
Nurses or teachers	32.8
Sponsoring agency staff	28.7
Caseworkers	19.2
Direct observations	18.4
Physicians or psychologists	1.4
Other	38.2

The four-page child schedule included the following kinds of information on each child:

1. Age, sex, ethnicity, family's socio-economic background and length of time in care.

2. Description of social, emotional, physical and health problems.

3. Changes in health and social and emotional behavior since receiving foster grandparent care and the extent to which these changes were attributable to the program.

[1/] Frequently more than one source was used to obtain data for each child.

The principal sources of data regarding changes in child behavior were the various professional staff members of the institutions who were in direct contact with the children. Very little data of this kind was available from agency records.

F. Host Agency Schedule

This schedule was utilized to record the following kind of information on all thirty-three host agencies included in the study:

1. Agency purpose, functions, auspices, size and geographical coverage.

2. Purposes in adopting the program, and factors influencing decision to participate.

3. Organization and operation of the foster grandparent program within the institution including staffing, assignments, work schedules, supervision, transportation and personnel practices.

4. Problems and impact of the program on the institution and its administration, philosophy, normal program of services, staff roles and financing.

5. Future plans for the program in the institution.

Data for this schedule were obtained by the study staff from a variety of sources including agency records and printed materials, and interviews with agency directors and selected members of agency staffs.

G. Sponsoring Agency and Overall Program Organization Schedule

For each of the ten projects a schedule of information on the sponsoring agency and the overall program was completed by the study staff. The main sources of information for these schedules were interviews with sponsoring agency staff, review of written materials, and direct site observations. The scope of this information included:

1. Description of sponsoring agency and its functions, purpose, auspices, size, philosophy and reason for serving as sponsor.

2. Description and assessment of the program's administrative structure, host-sponsor relationships, use of committees, staffing patterns, costs, reports, communications and interagency relationships.

3. Description and assessment of the program and operations including promotion, recruitment, screening and selection, training and orientation, assignment of foster grandparents and children, supervision, working conditions, pay schedules, etc.

4. Future plans for continuation of the local project relative to financing, sponsorship and feasibility of expansion or modification.

5. Impact of the program on sponsor and host agencies.

H. Community Agency Schedule

This schedule was used to guide interviews that the study staff conducted with key agencies in the community to ascertain the extent to which these agencies knew about the program, had been directly involved in the program and their perception and attitudes about the program. In addition, this schedule guided the study staff in assessing the impact of the program on other agencies in the community and the degree of local support for the program.

In each community interviews were conducted with the local antipoverty community action agency, public employment service, public welfare department, united fund, health and welfare planning council, volunteer bureau, chamber of commerce, and principal agencies concerned with needs and services for the aged and children. In addition, representatives of state-wide antipoverty, public welfare, aging and children's agencies were interviewed as were the regional representatives of the Administration on Aging and Office of Economic Opportunity.

I. Sample Design and Reliability

As noted earlier, random probability samples of foster grandparents and of children served were drawn to provide the populations for intensive study.

The foster grandparent sample totaled 269 of the 478 foster grandparents who were employed at the time of the study. The design for this sample specified that in each project an alphabetical roster of all foster grandparents who had been in the program two months or more be prepared, and then every other name was selected. This procedure was followed in all projects except New York City where the first fifty-six foster grandparents were selected for the sample since the full complement of foster grandparents were not yet employed in this project at the time of the study.

The child sample design was also a 50 percent random probability sample. In each project a roster of all children who received foster grandparent care for two weeks or more was prepared. This resulted in a population of 907 children of whom 454 were selected for the sample by selecting every other name. However, the data reported on children is limited to 369 cases since the necessary information was available on only fifteen children out of 103 who were in the sample in the Philadelphia project.

As shown in the tables below, both samples are highly representative of the total populations from which they were drawn. Tables 24 to 26 compare the total foster grandparent roster population in the ten communities studied with the foster grandparents who participated in this survey. As can be seen, the proportion of males and females sampled was identical with the distribution of the total foster grandparent population, 17 percent male and 83 percent female. By race, the sample population closely resembled the total roster. In fact, in some communities the distributions were identical. The same was also true of age. For the total population, the difference in the average age of the foster grandparents was only three-tenths of a year.

Tables 27 and 28 compare the demographic characteristics of the children in the survey sample with those in the total roster in the ten communities. As was true of the foster grandparent sample, the children in the survey sample were highly representative of the roster population.

Table 24

Comparison of Characteristics of Foster Grandparents In the Sample and In the Total Roster Population (in percents)

Total Roster N=478
Sample N=269

	Sex				Race						Average Age	
Project-Community	Roster		Sample		Total Roster			Sample			Total Roster	Sample
	Male	Female	Male	Female	White	Negro	Other	White	Negro	Other	Years	Years
Total percents	17	83	17	83	74	25	1	71	28	1	67.4	67.7
A	21	79	21	79	71	27	2	71	27	2	68.4	67.0
B	10	90	8	92	49	51	-	45	55	-	66.8	68.0
C	17	83	17	83	92	8	-	89	11	-	67.1	66.9
D	21	79	22	78	44	56	-	44	56	-	66.8	66.0
E	12	88	15	85	54	46	-	45	55	-	67.5	70.0
F	3	97	5	95	92	8	-	90	10	-	69.2	68.0
G	18	82	13	87	92	8	-	92	8	-	66.5	69.0
H	23	77	31	69	100	-	-	100	-	-	68.3	68.0
I	20	80	17	83	89	9	2	79	17	4	67.3	69.0
J	33	67	43	57	63	30	7	57	36	7	68.4	67.0

Table 25

Comparison of Age Distribution of Foster Grandparents In the Sample and In the Total Roster Population (in percents)

Total Roster N=478
Sample N=269

	Age Distribution	
Age Group	Total Roster	Sample
59 years and under	2	.4
60-64 years	26.9	23.8
65-69 years	39.7	42.8
70-74 years	23.8	24.9
75 years and over	8.4	7.8

Table 26

Comparison of School Years Completed of Foster Grandparents In the Sample and In the Total Roster Population (in percents)

Total Roster N=478
Sample N=269

School Years	School Years Completed Total Roster	 Sample
None	.4	.4
1-7 grades	19.6	18.2
8 grades	26.7	26.0
9-12 grades	42.4	44.2
13-15 grades	6.2	7.1
16 and over	3.5	4.1

Table 27

Comparison of Age Distribution of Children in the Sample and In the Total Roster (in percents)

Total Roster N=907
Sample N=369

Age Group	Age Distribution Total Roster	 Sample
Under 1 year	11.0	8.1
1-2 years	26.6	20.3
3-5 years	28.1	30.6
6-9 years	18.3	20.6
10-12 years	5.5	6.5
13-19 years	10.3	12.5
20 years and over	.2	.5

Table 28

Comparison of Characteristics of Children In the Sample and In the Total Roster (in percents)

Total Roster N=907
Sample N-369

Project-Community	Sex				Race						Average Age	
	Total Roster		Sample		Total Roster			Sample			Total Roster	Sample
	Male	Female	Male	Female	White	Negro	Other	White	Negro	Other	Years	Years
Total percents	54	46	56	44	57	36	7	62	30	8	5.1	6.4 a/
A	63	37	66	34	20	60	20	20	63	17	1.9	2.2
B	53	47	40	60	39	61	-	53	47	-	2.0	2.8
C	56	44	64	36	88	10	2	84	12	4	10.9	10.9
D	45	55	48	52	18	82	-	19	81	-	3.7	3.4
E	54	46	55	45	36	62	2	40	58	2	4.6	4.7
F	60	40	60	40	89	11	-	86	14	-	5.5	5.5
G	51	49	53	47	95	4	1	96	3	1	7.3	7.1
H	50	50	57	43	79	3	18	90	-	10	15.7	15.4
I	50	50	54	46	59	6	35	54	11	36	2.7	2.2
J	50	50	58	42	38	23	39	37	21	42	4.7	4.1

a/ The difference in average age between sample and total roster reflects the underrepresentation, in the sample, of the child population in project-community B. There, where the child population was quite young, only 15 of 206 children on the roster were included in the sample.